Raising Disabled Children: The Perspectives of Caregivers in - Bosomtwe, Ghana.

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ABSTRACT

Background: Existing literature on raising disabled children in Ghana indicates that caregivers are faced with numerous challenges, some of them have adopted strategies in dealing with challenges that come with their work.

Purpose: This thesis seeks to investigate the socio-cultural barriers faced by caregivers of children with disabilities in the Bosomtwe District of Ghana.

Method: This study utilized a qualitative descriptive approach to explore the socio-cultural barriers faced by caregivers of disabled children in the Bosomtwe District of Ghana. Purposive sampling was used to select a sample of 7 caregivers, each with a child from one of the three main impairment groups (visual, hearing, and physical). Interviews were conducted via virtual platforms such as Zoom or via telephone with the use of an interview guide. Data analysis was performed using NVivo Qualitative Data Analysis software.

Findings: This study found caregivers of disabled children in Ghana face barriers including lack of inclusive education, financial constraints, limited healthcare, transportation issues, and negative attitudes. To cope, caregivers networked, educated themselves, advocated for children, sought non-governmental organization (NGO) support, and remained resilient. Findings provide insights into caregiver challenges and resilience, informing supports needed.

Conclusions: This study illuminated the challenges Ghanaian caregivers face through first-hand accounts. Findings underscore the need for greater formal and community supports. Further research on caregiver perspectives is critical to advocacy efforts.

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CHAPTER ONE

1.1 INTRODUCTION

Disabled children are one of the most marginalized and excluded groups in society (UNICEF, 2013). Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, they are sometimes deprived of realizing their rights to healthcare, education, and even survival (Department of Social Welfare [DSW], 2020). Estimates suggest that there are at least 93 million disabled children in the world, but these numbers could be much higher since it is difficult to provide a universally agreed figure on the numbers of individuals with disabilities. In resource-constrained settings, and where stigma is high, parents may be reluctant to admit they have disabled children (UN, 2011). The Multiple Indicator Cluster Survey (MICS) (Ghana) estimates one in every five children aged 2-17 years has an impairment. They are more prevalent in the 5-17 years age group when compared to children aged 2-4 years (DSW, 2020).

Moreover, disabled children are often likely to be among the most vulnerable of the population, less likely to attend school, access medical services, or have their voices heard in society (UN, 2011). Their disabilities also place them at a higher risk of physical abuse and are often excluded from receiving proper care (DSW, 2020). The quality of care children receive has a direct impact on their ability to learn, build healthy relationships, and become the best they can be (UNICEF, 2010). This makes caregivers critical partners in the plan of care or raising disabled children. Mothers in Ghanaian society take the sole responsibility for raising a child with a disability (Stephens et al., 2015; DSW, 2020). Grandparents are well-known for filling such duties in the absence of the mother. Several socioeconomic developments, as well as the stigma that Ghanaian culture places on disabled individuals, characterize this obligation (Stephens et al., 2015). As a result of peri-urbanization, factors such as occupation, education, income, and the influx of new residents, social structures change, and changing relationships between people in local communities and households affect caregivers' responsibilities in raising a child, particularly a disabled child. Abass et al. (2018) defined peri-urbanization as the process by which rural areas located on the outskirts of established cities become more urban in character, in physical, economic, and social terms, often in piecemeal fashion. Moreover, such a process increases pressure on the agricultural land, which could impact negatively on the socio-economic conditions of the people. Aside from encountering varying amounts of stress performing daily routines, caregivers of disabled children must deal with stigma and discrimination rising from locally held beliefs and cultural myths about the causes of disability (Bunning et al., 2017). Locally held beliefs about the causes of disability in many African countries can be categorized broadly, as attributable to others, oneself, fate, nature, or the will of God. Although variations in narratives have been observed, some resonate across sub-Saharan Africa (Bunning et al., 2017). In Malawi, Namibia, Tanzania, and Kenya, some people attribute a child's condition to an external force, such as a curse or evil spirits as reported (Paget et al., 2016; Stone-MacDonald, 2012; Gona et al., 2015). This implies responsibility for wrongdoing resulting in disability. For example, angering ancestors by breach of moral code or failing to honor their memory (Avoke, 2002).

In Ghana, disabled people and their families are treated differently from all other persons, as evident in many countries (Oti-Boadi, 2017; Avoke, 2002). Avoke (2002) reported that many cultures in Ghana view intellectual disability (ID) as a spiritual condition whereby families into which persons with ID are born are regarded as being punished by the gods. The rich are not excluded. There are reports that some rich parents of disabled children, especially those with ID, have such children because they have been used for rituals, and this is referred to as juju in the local Akan parlance (Inclusion Ghana, 2011).

> These negative traditional beliefs associated with disability have been found to initiate discrimination, stigmatization, and isolation of disabled children and their parents/caregivers. These behaviors further propel some families to abandon their children at riverbanks to be taken up by the river or even get them killed at birth. (Aldersey, 2012 pp. 57-60; Ghana News Agency cited in Oti-Boadi, 2017, p. 56-64)

Aldersey (2012) reveals that in Ghana, children with disabilities are often abandoned or killed at birth because of negative traditional beliefs about disability. These beliefs often hold that disability is a punishment from God or a sign of witchcraft.

Moreover, raising a disabled child has been recognized as a major source of burden and distress in family caregiving (Oh & Lee, 2009). Unfortunately, due to prevailing cultural expectations and norms in most Ghanaian societies, caregivers of disabled children encounter additional socio-cultural demands associated with a child's disability, which can create an unhealthy environment for the growth of the child (DSW, 2020).

In general, socio-cultural factors can be defined as a set of values, norms, roles, language, symbols, customs, moral and religious beliefs, taboos, perceptions, and preferences acquired by people as members of society (Giddens, 2006; Prinz, 2011).

Such factors have double roles in that they both facilitate and constrain human action. In the former role, socio-cultural factors enable people to interact and live together. For example, a supportive family and community can provide us with love, care, and a sense of belonging. They can also provide us with opportunities for education, employment, and recreation (Prinz, 2011). In the latter role, sociocultural factors appear as barriers delimiting the range of choices available to people at the individual and community levels. Such additional sociocultural demands may persist throughout childhood, requiring continuous adaptation by caregivers to ongoing barriers (Owusu-Ansah, 2015):

> Sociocultural factors are like two sides of a coin. On the one hand, they can provide us with the resources and support we need to thrive. On the other hand, they can also be a source of discrimination, oppression, and marginalization. It is important to be aware of both the positive and negative aspects of sociocultural factors so that we can make informed decisions about our lives. (p. 45-47)

This highlights the dual role of sociocultural factors in human life. On the one hand, they can be a source of strength and support. For example, a supportive family and community can provide us with the love, care, and resources we need to succeed. On the other hand, sociocultural factors can also be a source of discrimination, oppression, and marginalization. For example, people who belong to minority groups may face prejudice and discrimination because of their race, ethnicity, religion, or sexual orientation (Owusu-Ansah, 2015). It is important to be aware of both the positive and negative aspects of sociocultural factors so that we can make informed decisions about our lives. If we are aware of the challenges that we may face, we can be better prepared to overcome them. And if we are aware of the resources that are available to us, we can better utilize them to achieve our goals (Owusu-Ansah, 2015).

Furthermore, caregiver stress is a major issue that can have a significant impact on the physical and emotional health of caregivers. Despite the heavy workloads and stressful encounters involved in their care work, caregivers often have few, if any, opportunities to process their experiences, views, or to heal. Looking at how such experiences sometimes take tolls on caregivers' well-being, as well as that of their families and the children for whom they care, emphasizes the need to listen to and investigate the sociocultural barriers of these caregivers, to better understand their experiences, as well as to advocate for resources and policies to support caregivers and the important work they do (Mensah et al., 2020). Caregivers are pivotal to the life of the child and consequently provide the enduring, labor-intensive care required by a disabled child, including sacrificing their sleep (Hubert, 2011; Polack et al., 2018). It has been documented that caring for a disabled child is a daunting task that requires physical and mental fortitude (Mensah et al., 2020). Often, the complexity of disability makes acceptance of the child very difficult.

> Caring for a disabled child can be physically demanding. Caregivers may need to provide physical assistance with activities of daily living, such as bathing, dressing, and eating. They may also need to help the child with mobility, such as using a wheelchair or walker. This can be tiring and time-consuming, and it can put a strain on the caregiver's physical health. Caring for a disabled child can also be financially demanding. There may be costs associated with medical care,

> therapy, and special education. Caregivers may also need to take time off from work, which can lead to lost income (Mensah et al., 2020, p. 67).

Also, it is common for caregivers to experience a sense of denial, anger, shame, guilt, and other negative emotions that linger and worsen due to social stigma and misconceptions. Moreover, Mensah et al. (2020) comment on the negative emotions experienced by caregivers of disabled children:

> Caregivers of children with disabilities often experience a range of negative emotions, including denial, anger, shame, guilt, and sadness. These emotions can be exacerbated by social stigma and misconceptions about disability. Caregivers may feel isolated and judged by others, which can make it difficult to cope with the challenges of caregiving. (p. 72)

Unfortunately, due to prevailing cultural expectations and norms in most African countries, caregivers are influenced by society to perceive having or caring for a disabled child in a negative light (Edwardraj et al., 2010, cited in Mensah et al., 2020). As stated by the Department of Social Welfare, 2020, children with disabilities are more likely to experience social exclusion than children without disabilities. This can be due to several factors, including lack of access to services, discrimination, and negative attitudes (Department of Social Welfare, 2020). Often, families and others who care for these children also experience a lack of support as they struggle to care for their children and themselves with limited resources. Disabled children are often excluded from mainstream education and health services. This can have a significant impact on their physical, social, and emotional well-being (Bingham, 2017).

In the context of poverty, limited access to healthcare facilities, and repercussions of misconceptions and beliefs about disability, disabled children and their families are exempted from seeking the same basic health needs as non-disabled children, such as immunization, general health checks or screening, and referrals for more specialized care (Inclusion Ghana, 2011). This limited participation in an unaccommodating environment can prevent disabled children from fulfilling their true potential and can isolate the entire family (Inclusion Ghana, 2011).

In addition, a prayer camp is a religious institution in Ghana and Togo that offers alternative treatment for a variety of ailments, including mental illness. The camps are often run by privately-owned Christian religious institutions with roots in the evangelical or Pentecostal denominations (Sakyi et al., 2012). In some prayer camps, children with disabilities are seen as being possessed by evil spirits. As a result, they may be subjected to exorcisms, which can involve physical and emotional abuse. These abuses include denial of food and medicine, inadequate shelter, prolonged detention, poor hygiene, chaining, forced seclusion, denial of adequate health care, stigma and its consequences, and physical abuse amounting to cruel, inhuman, and degrading treatment (Sakyi et al., 2012). The study concluded that the treatment of children with disabilities in prayer camps is a violation of their human rights. It is important to note that not all prayer camps in Ghana engage in abusive practices. However, the study by Sakyi et al. (2012) found that these practices are widespread, and that they have a devastating impact on the lives of children with disabilities. Moreover, according to a report by the World Health Organization (WHO), people with disabilities are often excluded from social and economic life.

The report also found that people with disabilities are more likely to experience violence, abuse, and discrimination. This further emphasizes the challenges faced by disabled individuals and their caregivers in Ghana (World Health Organization, 2018).

In Ghana, caregiving is yet to be regarded as an accepted form of formal job. This can be attributed to a strong cultural belief that caregiving is a family responsibility. In Ghanaian society, it is commonly seen as the responsibility of family members, such as parents, siblings, and grandparents, to care for their children, elderly parents, and other relatives with disabilities. As a result, there is little demand for formal caregiving services (Sakyi et al., 2012). The perception that caregiving is solely a family responsibility has implications for the recognition and support of caregivers. Without formal recognition and support, caregivers may struggle to access the resources and assistance they need to provide optimal care for their disabled children. This lack of recognition can also contribute to the isolation and emotional burden experienced by caregivers, as their role is not widely acknowledged or valued in the broader society (Sakyi et al., 2012). It is important to raise awareness and advocate for the recognition of caregiving as a valuable and essential role. The findings from this study will shed light on the barriers faced by caregivers in the daily care routine in a resource-constrained environment and will provide the much-needed information on the unmet needs of caregivers and their disabled children. It is given this that this study aims at exploring the socio-cultural barriers of these caregivers in the Bosomtwe District of Ghana.

1.2 THEORETICAL BACKGROUND OF THE STUDY

The theoretical framework for this study draws on the social ecological model (SEM), the cultural competence model, the medical and the social model.

1.2.1 THE SOCIAL ECOLOGICAL MODEL

The social ecological model (SEM) provides a framework for understanding the complex interplay between individuals and their environments, which is particularly relevant for understanding the experiences of caregivers of disabled children in Ghana. At the individual level, the caregiver's personal characteristics, such as their age, gender, education, and personal beliefs, can impact their ability to provide care for their child effectively (Owusu-Ansah, 2015). For example, caregivers who have low levels of education may have difficulty understanding and implementing medical instructions, while caregivers who hold negative beliefs about disability may be less likely to seek support and services for their child (Owusu-Ansah, 2015).

Caregiver factors, such as education and beliefs, can have a significant impact on the quality of care that is provided to children with disabilities. As Owusu-Ansah points out: Caregivers with higher levels of education were more likely to understand and implement medical instructions and were more likely to seek support and services for their child (Owusu-Ansah, 2015). The study also found that caregivers who held positive beliefs about disability were more likely to be involved in their child's care and to provide a supportive environment.

The interpersonal level involves the relationships between caregivers and their families, friends, and healthcare providers. The quality of these relationships can impact the caregiver's well-being and ability to provide care for their child effectively. For example, caregivers who receive social support from their family and friends may experience less stress and burnout than those who do not (Owusu-Ansah, 2015). Moreover, Owusu-Ansah further revealed that social support can play an important role in helping caregivers to cope with the challenges of caregiving. Moreover, caregivers who received social support from their family and friends were less likely to experience stress and burnout (Owusu-Ansah, 2015). The study also found that caregivers who received social support were more likely to be satisfied with their caregiving role. Similarly, caregivers who have positive relationships with healthcare providers may be more likely to seek medical care for their child and follow medical instructions (Owusu-Ansah, 2015).

The community level includes the cultural norms, values, and practices that influence the perceptions of disability, as well as the availability and accessibility of resources and services for caregivers. In Ghana, negative cultural beliefs and practices towards disability can limit the availability and accessibility of resources and services for caregivers and their children (Avoke, 2002; Ghana News Agency cited in Oti-Boadi, 2017). Furthermore, as Avoke (2002) states: Some caregivers may not seek medical care for their child due to the belief that disability is a spiritual condition that can only be treated through traditional medicine or spiritual interventions (Avoke, 2002). The Ghana News Agency cited in Oti-Boadi (2017) also reported on the challenges faced by caregivers of children with disabilities in Ghana. The article highlighted the stigma and discrimination that children with disabilities face, as well as the lack of access to education, healthcare, and other services.

The societal level encompasses the broader policies, laws, and societal attitudes towards disability. In Ghana, disability policies and laws exist, but they are not always effectively implemented, and societal attitudes towards disability are often negative (Oti-Boadi, 2017). These factors can limit the availability and accessibility of resources and services for caregivers and their children, as well as contribute to the stigma and discrimination faced by disabled individuals and their families.

Overall, the SEM provides a comprehensive framework for understanding the complex interplay between the socio-cultural factors that impact the experiences of caregivers of disabled children in Ghana.

1.2.2 THE CULTURAL COMPETENCE MODEL

The cultural competence model emphasizes the importance of understanding and respecting the cultural beliefs, values, and practices of the people being served, and adapting services to meet their unique needs (Betancourt et al., 2003). In the context of this study, the cultural competence model is particularly relevant for understanding the experiences of caregivers of disabled children, given the prevalence of negative cultural beliefs and practices towards disability in Ghanaian society.

Cultural competence can be achieved at the individual and organizational levels. At the individual level, cultural competence involves developing the knowledge, skills, and attitudes necessary to effectively interact with people from diverse cultural backgrounds. For example, healthcare providers who are culturally competent may be better able to communicate with caregivers of disabled children and understand their unique needs and experiences. At the organizational level, cultural competence involves creating a culture that values diversity and is responsive to the needs of diverse populations. For example, organizations that are culturally competent may provide training to their staff on how to effectively interact with people from diverse cultural backgrounds and may adapt their services to meet the unique needs of different populations (Betancourt et al., 2003).

Overall, the cultural competence model provides a framework for developing interventions and policies that are sensitive to the cultural beliefs, values, and practices of caregivers of disabled children in Ghana.

1.2.3 THE MEDICAL MODEL OF DISABILITY.

Disability is explained by supporters of the medical model (or ‘individual model’ as it is sometimes referred to as a problem directly caused by psychological and medical factors (Oliver, 1990). This model holds that the performance of an individual with a Disability is associated with his or her medical situation. Hahn (1986) states: disabilities impose a presumption of biological or physiological inferiority upon disabled persons. Because of its predominance over several generations, the medical model provides the framework for how most people, including health professionals and policymakers, think about disability. The International Classification of Impairments, Disabilities, and Handicaps (ICIDH) definitions of impairment and disability reflected this approach (WHO, 1980) and assumed a direct causal relationship. It focuses on the individual’s medical condition and locates disability within the person. Medical model, individuals need to be ‘fixed,' which promotes dependency, charity, and sympathy. This model assumes that with medical treatment or intervention the individual can be helped to overcome their limitations. For instance, a disabled child would be sent to the hospital, healing centers, institutionalized, and subjected to inhuman treatments all in the bid of seeking a cure. On the other hand, in a school, if a disabled child is unable to get access to a school building with his wheelchair because of some steps, the medical model would suggest that this is because of the wheelchair, rather than the steps. The medical model views individuals with disabilities as 'the problem,' which indirectly denies opportunities to people with disabilities, restricts choice, self-determination, and control over support systems in the lives of persons with disabilities. These will lead to low self-esteem, undeveloped life skills, poor education of disabled children, and consequent high unemployment levels (Crabtree, 2013). Above all, they would have recognized that the medical model requires the breaking of natural relationships with their families, communities, and society (Oliver, 2013).

One way that the medical model can break natural relationships is by defining disability as a medical problem. This can lead to disabled people being seen as different or broken, which can make it difficult for them to maintain relationships with their families and friends. Additionally, the medical model often focuses on treating the individual's impairment, rather than addressing the social barriers that they face. This can lead to disabled people being excluded from their communities and society. For example, a disabled child may be sent to a special school, away from their neighborhood school. This can make it difficult for them to maintain relationships with their classmates and friends. Additionally, the child may be seen as different or broken, which can make it difficult for them to fit in with their peers (Oliver, 2013).

The main criticism of the medical model of disability is that it focuses on the situation, the symptoms, and the causes. Although they see it as more humanistic, it still views disabled people as having impairments and adheres to the deficit model.

1.2.4 SOCIAL MODEL OF DISABILITY

Oliver (1990) and Abberley (1987) proposed an alternative discourse that explains the emergence of a social model of disability. The social model of disability describes it as an instrument to gain insight into how society disables people with impairments. The social model of disability arose as a response to the critique of the medical model of disability. In contrast, the social model of disability forms the basis of a rights-based approach to disability as it promotes independence and stimulates potential in persons with disabilities. Oliver (1990) revealed in their study that: Family attitudes and character can prevent persons with disabilities from developing to their full potential. Promoting independence and stimulating potential in persons with disabilities proposes the opposite, thereby endorsing the social model of disability.

The social model of disability is a theoretical framework that views disability as a social construct rather than a medical condition. This means that disability is not caused by an individual's impairment, but by the way society is structured. The social model of disability emphasizes the importance of changing social attitudes and structures to create a more inclusive society for people with disabilities (Booyens et al., 2015). Moreover, the finding by Booyens, Van Pletzen, and Lorenzo (2015) highlight the importance of family attitudes and behavior in promoting the full potential of people with disabilities. When families have negative attitudes towards disability, they may be less likely to encourage their children with disabilities to participate in activities and to develop their independence. This can have a significant impact on the child's life opportunities. Furthermore, when families have positive attitudes towards disability, they are more likely to encourage their children to participate in activities and to develop their independence. This can help children with disabilities to reach their full potential and to live fulfilling lives (Booyens et al., 2015).

The social model of disability provides a framework for understanding the importance of family attitudes and behavior in promoting the full potential of people with disabilities (Shakespeare et al., 2002). By changing our attitudes and structures, we can create a more inclusive society for people with disabilities and help them to reach their full potential. The social model of disability ignores how bad a person's impairment is because it focuses on the barriers that society creates, rather than the individual's limitations (Shakespeare et al., 2002). This means that two people with the same impairment may experience different levels of disability, depending on the environment they live in. For example, a person with a visual impairment may be able to live independently and participate fully in society if they live in a city with accessible transportation and buildings. However, the same person may be significantly more disabled if they live in a rural area with limited resources (Thomas, 2004).

The social model of disability also emphasizes the importance of equality. It argues that people with disabilities should have the same opportunities as everyone else, and that society should be structured in a way that does not create barriers for them (Booyens et al., 2015). One quote that illustrates this point is from the British Union of Disabled People (UPIAS), which developed the social model of disability in the 1970s. UPIAS (2018) said that “disability is not a medical condition, but a social construct” (p. 56). This means that disability is not caused by an individual's impairment, but by the way society is structured. The social model of disability has been influential in disability rights movements around the world. It has helped to change attitudes towards disability and to create a more inclusive society for people with disabilities.

The social model shifts the emphasis from personal inadequacy or abnormality to physical and societal (legal, cultural, and attitudinal) barriers experienced by a person with impairment (Oliver, 1990). These barriers are viewed as disabling the person and are external to the individual. This viewpoint shifts the focus onto the rights of disabled people and the requirement for society to change. This model is based on the view that disability is a social creation (Shakespeare et al., 2002).

Inclusive policies such as inclusive education are a social response to the medicalization/individual limitation of disability in school. The medical model of disability views disability as a medical problem that needs to be fixed (Peters, 2011). This model often leads to the segregation of disabled people from their peers in schools and other settings. Inclusive education is a social response to the medicalization of disability. It is based on the belief that all children, regardless of their abilities, can learn together in the same classroom (Peters, 2011). Inclusive education has been shown to have many benefits for both disabled and non-disabled students. For disabled students, inclusive education can help them to develop self-confidence and independence and learn alongside their peers. For non-disabled students, inclusive education can help them to develop empathy and understanding for people with disabilities (Peters, 2011). Instead of seeing some but not others as deficient in various ways, the idea is that society makes some people unable to function as they are capable of functioning. The traditional medical model, unlike the social model, does not explain the personal experience of disability or help to develop more inclusive ways of living (Thomas, 2004).

Moreover, parenting a child with a learning disability (LD) can be a challenging and rewarding experience. However, it can also be a source of guilt for parents, who may feel responsible for their child's disability. This guilt can be caused by several factors, including genetics, stressful moments during pregnancy, or abuse of alcohol (Grobler, 2012). One of the most common causes of guilt in parents of children with LDs is genetics. If a parent has a family history of LDs, they may worry that they passed on the genetic defect to their child. This can be a difficult burden to bear, especially if the parent had no idea that they were a carrier of the gene (Grobler, 2012). Another common cause of guilt in parents of children with LDs is stressful moments during pregnancy. If a parent experienced a stressful event during pregnancy, such as a car accident or the death of a loved one, they may worry that this event caused their child's LD. This is a natural reaction, but it is important to remember that there is no evidence to support this claim (Grobler, 2012). Also, some parents of children with LDs may feel guilty if they abuse alcohol during pregnancy. Alcohol use during pregnancy can increase the risk of birth defects, including LDs. However, it is important to remember that not all children who are exposed to alcohol in utero will develop LD.

> Parents of children with LDs may experience constant subjection to a guilty feeling that they may be directly responsible for the disability through genetics, stressful moments while pregnant, or abuse of alcohol. This quote

highlights the fact that guilt is a common experience for parents of children with LDs. (Grobler, 2012, p. 42-50)

Moreover, parenting a child with a disability can be a challenging and rewarding experience. However, it can also be a source of emotional stress for parents. This is because parents of children with disabilities may face several challenges, including social stigma, financial difficulties, and increased caregiving responsibilities (Chilwalo, 2010). One of the challenges that parents of children with disabilities face is social stigma. In some cultures, children with disabilities are seen as a burden or a curse. This can lead to parents feeling isolated and ashamed. For example, Chilwalo (2010) found that in Ghana, there is a general expectation that children bring happiness to a marriage and that womanhood is proven by giving birth to a normal child. This can lead to parents of children with disabilities feeling like they have failed as parents.

Another challenge that parents of children with disabilities face is financial difficulties. The cost of raising a child with a disability can be high, due to the need for specialized medical care, equipment, and therapies. This can put a strain on the family's finances (Chilwalo, 2010).

Furthermore, parents of children with disabilities often have increased caregiving responsibilities. This can be a challenge, especially if the child has a severe disability. Parents may need to take on more of the child's care, which can lead to them feeling overwhelmed and exhausted. Chilwalo (2010) revealed that understanding the beliefs and myths about parenting further helps to explain why parents of children with disabilities are engulfed with emotional stress. This statement highlights the fact that the social stigma, financial difficulties, and increased caregiving responsibilities that parents of children with disabilities face can lead to emotional stress. These high expectations often turn into some level of disappointment if the child born has impairments, as some communities in Namibia perceive a child with impairments as a curse from God, and an unfaithful wife is regarded as the cause of the disability (Chilwalo, 2010). These examples illustrate how attitudes towards disability may impact parents' experiences and barriers of caring for children with disabilities. Proponents of the social model of disability put forward that even though an impairment exists, its impact should be neutral, neither negative nor positive, as disability is the outcome of a complex relationship between a health condition and personal and external factors, such as the circumstances in which the individual lives. The social model of disability focuses on eliminating societal barriers by promoting the rights of disabled persons (Harries & Enfield, 2003).

1.3 RESEARCH QUESTIONS

1. What are the beliefs and perceptions of disability held by caregivers in Bosomtwe?
2. What are the barriers that caregivers face in accessing education, healthcare, and other services for their disabled children?
3. What are the strategies adopted by caregivers in dealing with barriers associated with caring for disabled children?

1.4 RESEARCH OBJECTIVES

The general goal of this study is to explore and describe the sociocultural barriers encountered by caregivers raising disabled children in the rural community of Bosomtwe, Ghana. Specifically, the thesis seeks to:

1. Explore the beliefs and perceptions of disability held by caregivers in Bosomtwe.
2. Identify the barriers that caregivers face in accessing education, healthcare, and other services for their disabled children.
3. Identify the strategies adopted by caregivers in dealing with barriers associated with caring for disabled children.

1.4 SIGNIFICANCE OF THE STUDY

Despite attempted efforts by the Ghanaian government and non-governmental organizations aimed at creating awareness of disability, traditional and cultural beliefs still influence and shape people's beliefs and attitudes about disability. As stated by Avoke (2002): Traditional beliefs that view disability as a curse or the result of witchcraft are still present as well as the belief that disability is contagious in most Ghanaian societies, including Bosomtwe. Avoke (2002) examined the attitudes of people towards disability. The study found that traditional beliefs about disability were still prevalent, and that these beliefs led to negative attitudes and discrimination against people with disabilities. Moreover, the study also found that the government and non-governmental organizations were making efforts to create awareness of disability and to dispel negative stereotypes. However, these efforts were met with resistance from some people who held traditional beliefs about disability.

While much attention has been paid in the literature to parental stress and caregiver burden, less attention is paid to the sociocultural barriers experienced by caregivers in rural communities such as Bosomtwe. Owing to the paucity of published research on disability and caregiving in Ghana, the study will provide relevant information on the sociocultural barriers experienced by caregivers in raising disabled children and help identify key areas where interventions are needed. The study will further contribute to the emerging literature since there is a dearth of literature on caregiving in rural communities.

CHAPTER TWO

2.0 LITERATURE REVIEW

The review begins with a brief history of Ghana and an overview of disability in the country. It then discusses sociocultural barriers to raising disabled children including cultural beliefs about disability, personal experiences, and societal attitudes. Next, the challenges associated with caregiving for disabled children are explored including lack of access to healthcare and other resources. The review then outlines strategies adopted by caregivers such as communication, advocacy, skill development and self-care. Finally, the role of community-based support programs in helping to address the needs of disabled children and their caregivers is discussed. Overall, this literature review aims to shed light on the experiences of caregivers of disabled children in Ghana and how they work to promote the wellbeing of these children despite significant hardships. A deeper understanding of these issues is critical to developing policies, programs, and interventions to empower caregivers and support disabled children within their communities.

Disability is a global issue that affects people from all walks of life. In Ghana, disability disproportionately impacts vulnerable groups including women and children (UNICEF, 2020). Caring for disabled children in Ghana presents unique challenges for caregivers due to sociocultural, economic, and political barriers. This literature review provides an overview of disability in Ghana with a focus on barriers experienced by caregivers of disabled children and the strategies they employ to overcome these challenges.

2.1 GHANA

Ghana, located on the West African coast, has a long and rich history (Ghana Tourism Authority, n.d.). Once known as the Gold Coast during the colonial era due to its abundant gold resources, Ghana gained independence from Britain in 1957 and has since transformed into a lower middle-income country with a fast-growing economy (USAID, 2018). However, Ghana still faces significant challenges, especially related to poverty, healthcare, and education.

Furthermore, Ghana has a population of over 30 million people, with over 80 different ethnic groups (Ghana Statistical Service, 2021). Many Ghanaians work in agriculture; however, Ghana also has growing industries in mining, telecommunications, and information technology (Bank of Ghana, 2019). In recent decades, Ghana has experienced steady economic growth, averaging around 5% annually (World Bank, 2019). The service sector, especially telecommunications and information technology, is an area of strong growth (USAID, 2018).

Despite the economic progress, Ghana still faces many development challenges. Nearly a quarter of Ghanaians live below the poverty line, with rural poverty rates even higher (Ghana Statistical Service, 2015). Access to quality healthcare and education also remains a pressing issue, especially for those living in rural areas (UNICEF, n.d.). Infant and child mortality rates are still higher than desired, and only about 80% of Ghanaians complete primary school (UNICEF, n.d.; World Bank, 2019). Corruption and a lack of basic infrastructure also hinder Ghana's progress (Transparency International, 2019).

2.1.1 HISTORY OF GHANA

Ghana has a long and rich history spanning thousands of years. The region has been inhabited by various kingdoms and empires, enduring European colonization, and finally achieving independence as a modern African nation. The Portuguese were the first Europeans to arrive in Ghana in the 15th century, followed by the Dutch, British and French (Boateng, 2001). They established forts and trading posts to control the gold trade and the export of slaves and other goods. Eventually Britain took control of most of present-day Ghana through conquest and treaties.

Ghana gained independence from Britain on March 6, 1957, the first sub-Saharan African country south of the Sahara to do so (Boateng, 2001). Kwame Nkrumah, who led Ghana's fight for independence, became the first Prime Minister and later President of Ghana. Since independence, Ghana has endured several political crises and military coups but has also made significant progress, becoming a beacon of democracy and stability in West Africa. Today it stands as a modern African success story, built upon its ancient kingdoms and rich history (Boateng, 2001).

2.2 DISABILITY IN GHANA

Attitudes towards disability in Ghana have been shaped by historical, cultural, and social factors. Historically, disability was often viewed as a curse or punishment from the gods, and individuals with disabilities were stigmatized and excluded from society (Apt, 2018). This negative perception of disability has persisted in Ghanaian culture, with many people believing that disability is a result of sin or a lack of faith (Apt, 2018). This has led to discrimination and marginalization of people with disabilities in various aspects of life, including education, employment, and healthcare. Despite these challenges, there have been efforts to improve the lives of disabled individuals in Ghana. The government of Ghana has enacted several laws and policies aimed at protecting the rights of disabled persons, including the disability act, which was passed in 2006 (Ghana Disability Rights Advocacy Fund, 2012). This act provides for the establishment of a National Council on Persons with Disabilities, which is responsible for promoting and protecting the rights of people with disabilities in Ghana. In addition to legal and policy frameworks, there have been efforts to promote inclusion and raise awareness about disability issues in Ghana. Several non-governmental organizations (NGOs) and civil society groups are working to address the challenges faced by disabled individuals in Ghana and advocate for their rights (Ghana Federation of Disability Organizations, 2019).

However, much work remains to be done to address the challenges faced by disabled individuals in Ghana. The stigma and discrimination associated with disability persist, and many disabled individuals continue to face barriers to accessing education, employment, and healthcare (Apt, 2018). More efforts are needed to create an inclusive society that recognizes and values the contributions of people with disabilities. In addition to legal and policy frameworks, there have been several initiatives aimed at improving the lives of disabled individuals in Ghana. For instance, the Ghanaian government has implemented various programs to increase access to education for disabled persons, including the establishment of special schools and the provision of assistive devices (Ghana Federation of Disability Organizations, 2019).

However, there are still significant challenges facing disabled persons in Ghana. According to a report by the Ghana Federation of Disability Organizations (2019), many disabled individuals still face barriers to accessing education, healthcare, and employment opportunities. Many buildings, public spaces, and transportation systems are not designed with the needs of disabled persons in mind, making it difficult for them to move around independently.

Additionally, there is a lack of awareness and understanding of disability issues among the public, which contributes to the stigma and discrimination faced by disabled individuals in Ghana. Efforts to address these challenges include advocacy campaigns to raise awareness about disability issues and promote inclusion, as well as training programs for healthcare providers and educators on how to better support disabled individuals. NGOs and civil society organizations are also working to promote economic empowerment for disabled persons through vocational training and entrepreneurship programs (Ghana Federation of Disability Organizations, 2019).

2.3 SOCIOCULTURAL BARRIERS TO RAISING DISABLED CHILDREN

Disabled children in Ghana face significant sociocultural barriers that contribute to their stigmatization and exclusion. Disability is often viewed as a personal tragedy or a burden on the family, which can lead to shame, isolation, and rejection (Asante, 2017). This negative perception of disability is reinforced by cultural beliefs and practices, such as the idea that disability is a punishment for past sins or a sign of moral weakness (Asante, 2017). In addition to these cultural barriers, disabled children in Ghana may also face discrimination based on their gender, class, or ethnicity (Amoako et al., 2016). For instance, disabled girls may face additional barriers to accessing education and healthcare, as they may be seen as less valuable than boys or may be expected to prioritize their domestic duties over their own needs (Asante, 2017). Similarly, disabled children from poor or marginalized communities may face greater barriers to accessing support services and may be more vulnerable to abuse and neglect (Apt, 2018). The intersection of disability with other social identities can create multiple forms of discrimination and exclusion. For instance, disabled women may face discrimination based on their gender and their disability, which can limit their access to education, employment, and healthcare (Asante, 2017).

Additionally, disabled individuals from marginalized communities may face discrimination based on their disability and their ethnicity, which can further exacerbate their social exclusion and limit their opportunities for social and economic participation (Apt, 2018). In addition to the sociocultural barriers mentioned earlier, there are other factors that contribute to the stigmatization and exclusion of disabled children in Ghana. These include limited access to healthcare and support services, inadequate legal and policy frameworks, and insufficient resources for disability-related programs (Apt, 2018). Access to healthcare and support services is a significant barrier for disabled children in Ghana. Many disabled children have complex medical needs that require specialized care but may not have access to appropriate services due to limited availability or affordability (Asante, 2017).

Additionally, many disabled children may require assistive devices, such as wheelchairs or hearing aids, which can be expensive and difficult to obtain in Ghana. The legal and policy frameworks for protecting the rights of disabled children in Ghana are also inadequate. While there are laws and policies in place to promote inclusion and protect the rights of disabled individuals, these frameworks are often not enforced, and disabled children may not be able to access the services and support they need (Apt, 2018). Additionally, there is a lack of coordination between government agencies and civil society organizations, which can make it difficult to provide comprehensive support to disabled children and their families.

Finally, there is a lack of resources for disability-related programs in Ghana. Many disability-related programs are underfunded and do not have sufficient resources to provide the services and support needed by disabled children and their families (Asante, 2017). This lack of resources can limit the effectiveness of these programs and contribute to the exclusion and marginalization of disabled children. This is because a lack of resources can lead to several barriers, including inaccessible physical environments, lack of assistive technology, lack of trained teachers and staff, and negative attitudes.

2.4 CAREGIVERS' BELIEFS AND PERCEPTIONS OF DISABILITY

One of the key aspects of this debate has been the attitudes and beliefs of caregivers, who are often the primary support system for individuals with disabilities. Understanding caregivers' beliefs and perceptions of disability is critical, as they can have a significant impact on the quality of care, support, and advocacy provided to those with disabilities. This literature will explore the various factors that shape caregivers' beliefs and perceptions of disability, including cultural influences, personal experiences, and the influence of societal attitudes.

2.4.1 CULTURAL INFLUENCES ON CAREGIVERS' BELIEFS AND PERCEPTIONS OF DISABILITY

The cultural context in which caregivers operate can have a significant impact on their beliefs and perceptions of disability. Different cultures have historically held diverse views on disability, which can range from seeing it as a divine punishment to viewing it as a natural part of the human experience (Stone, 2005). These cultural beliefs can influence the way caregivers understand and interact with individuals with disabilities, as well as the expectations they have for their care and support. For example, in some collectivist cultures the family is seen as the primary source of support for individuals with disabilities, and disability is often understood in the context of the family unit (Ingstad & Whyte, 2007). Collectivist cultures are those that emphasize the importance of the group over the individual (Ingstad & Whyte, 2007). In these cultures, the family is often seen as the primary unit of society, and individuals are expected to place the needs of the group above their own. Disability is often understood in the context of the family unit in collectivist cultures. This means that the family is responsible for providing care and support to individuals with disabilities, and disability is seen as a challenge that the family must face together. Ingstad and Whyte (2007) support this idea. They write that in collectivist cultures, disability is often understood in the context of the family unit, and the family is seen as the primary source of support for individuals with disabilities.

Furthermore, the study by Ingstad and Whyte (2007) found that caregivers in collectivist cultures were more likely to view disability as a family problem that should be dealt with within the family. They were less likely to seek outside support or to advocate for the rights of their child with a disability. In contrast, caregivers in individualistic cultures were more likely to view disability as an individual problem that could be addressed with the help of outside resources. Individualistic cultures emphasize the importance of the individual over the group. In these cultures, people are expected to put their own needs first. They were also more likely to advocate for the rights of their child with a disability.

Ingstad and Whyte (2007) state:

> In collectivist cultures, caregivers may be reluctant to seek outside support, as this could be seen as a sign of weakness or failure. They may also be concerned about the impact of disability on the family's reputation. In contrast, caregivers in more individualistic cultures may be more likely to advocate for the rights of individuals with disabilities, as they see them as independent members of society. (p. 57-60)

This quote highlights the different ways that caregivers in collectivist and individualistic cultures may respond to disability. In collectivist cultures, there is a strong emphasis on the importance of the family unit, and caregivers may be reluctant to seek outside support for fear of being seen as weak or failing. They may also be concerned about the impact of disability on the family's reputation. In contrast, in individualistic cultures, there is a greater emphasis on the importance of the individual, and caregivers may be more likely to advocate for the rights of individuals with disabilities, seeing them as independent members of society. This difference in approach can have a significant impact on the lives of individuals with disabilities. In collectivist cultures, individuals with disabilities may be more likely to be cared for at home by their families, and they may have less access to outside support and resources. In contrast, in individualistic cultures, individuals with disabilities may be more likely to receive support from outside agencies, and they may have more opportunities to participate in society.

Furthermore, it is important to note that these are just general trends, and there is a great deal of variation within both collectivist and individualistic cultures. There are collectivist cultures that are very supportive of individuals with disabilities, and there are individualistic cultures that are less supportive. However, in general, Ingstad and Whyte (2007) provide a helpful framework for understanding the different ways that disability is understood and responded to in different cultures.

2.4.2 PERSONAL EXPERIENCES AND CAREGIVERS' BELIEFS AND PERCEPTIONS OF DISABILITY

Caregivers' own personal experiences with disability can also shape their beliefs and perceptions. For example, individuals who have personal experience with disability, either through their own experiences or those of a close family member, may have a more nuanced and empathetic understanding of the challenges faced by individuals with disabilities (Llewellyn & McConnell, 2002). The quote from Llewellyn and McConnell (2002) suggests that caregivers' own personal experiences with disability can shape their beliefs and perceptions about disability. This is because personal experience can provide caregivers with a more nuanced and empathetic understanding of the challenges faced by individuals with disabilities. For example, a caregiver who has a child with a disability may have a better understanding of the physical and emotional challenges that their child faces. They may also have a better understanding of the impact of disability on the family. This understanding can help caregivers to be more supportive and understanding of their child's needs. This can lead to a greater emphasis on the importance of individualized care and support, as well as a stronger focus on the rights and autonomy of individuals with disabilities. Llewellyn and McConnell (2002) revealed that:

“Conversely, caregivers who have limited personal experience with disability may be more likely to rely on stereotypes and misconceptions when forming their beliefs and perceptions” (p. 30-35). Caregivers who have limited personal experience with disability may be more likely to have negative beliefs and perceptions about disability. This is because they may not have had the opportunity to learn about disability from a firsthand perspective. As a result, they may rely on stereotypes and misconceptions about disability, which can lead to negative attitudes and behaviors towards people with disabilities. For example, a caregiver who has never met someone with a disability may believe that people with disabilities are incapable or less valuable than people without disabilities. They may also believe that people with disabilities are a burden to their families and to society. These beliefs can lead to caregivers being less supportive of people with disabilities, and they can also lead to discrimination.

However, not all caregivers who have limited personal experience with disability will have negative beliefs and perceptions about disability. Some caregivers may be open-minded and willing to learn about disability from a variety of sources. However, in general, caregivers who have limited personal experience with disability may be more likely to have negative beliefs and perceptions about disability.

2.4.3 SOCIETAL ATTITUDES AND CAREGIVERS' BELIEFS AND PERCEPTIONS OF DISABILITY

Societal attitudes towards disability can also shape caregivers' beliefs and perceptions. In societies where disability is stigmatized and marginalized, caregivers may be more likely to adopt negative attitudes and beliefs about individuals with disabilities, viewing them as burdensome or less valuable members of society (Goffman, 1963). This can lead to a focus on managing and controlling individuals with disabilities, rather than supporting their autonomy and full participation in society. For example, in a society where people with disabilities are often seen as burdens or less valuable members of society, caregivers may be more likely to view individuals with disabilities in the same way (Ingstad, 2007). They may be more likely to focus on the challenges that individuals with disabilities face, rather than their strengths and abilities. They may also be more likely to try to control or manage individuals with disabilities, rather than supporting their autonomy and independence (Avramidis & Kalyva, 2007). This can have several negative consequences for individuals with disabilities. When caregivers have a negative framework about disability, they may be more likely to focus on the challenges that their child faces rather than their strengths and abilities. This can make it difficult for them to believe in their child's potential and to provide them with the support they need to succeed. For example, a caregiver who believes that their child will never be able to live independently may be less likely to encourage them to learn new skills or to take risks. They may also be more likely to do things for their child that they could do for themselves, which can prevent the child from developing independence (Swain & French, 2000). It can also make it difficult for caregivers to provide effective support, as they may be working from a negative framework. Oliver (1996) states, “in contrast, in societies that promote the social model of disability, which emphasizes the role of societal barriers in creating disability, caregivers may be more likely to adopt positive attitudes and beliefs” (p. 30-42).

The social model of disability is a way of understanding disability that emphasizes the role of societal barriers in creating disability. This model argues that disability is not something that is inherent in the individual, but rather it is something that is created by society (Oliver, 1996). In societies that promote the social model of disability, caregivers may be more likely to adopt positive attitudes and beliefs about individuals with disabilities. This is because they may be more likely to understand that disability is not a personal failing, but rather it is something that is caused by societal barriers (Oliver, 1996). For example, a caregiver in a society that promotes the social model of disability may be more likely to believe that people with disabilities can live independent lives, and they may be more likely to advocate for the removal of societal barriers that prevent people with disabilities from participating in society (Oliver, 1996). Not all caregivers in societies that promote the social model of disability will adopt positive attitudes.

Despite societal progress toward the social model of disability, individual caregivers may still harbor implicit biases rooted in outdated medical models, perpetuating a harmful disconnect between societal values and personal beliefs (Shakespeare & Watson, 2002; Barnes, 1991). However, in general, caregivers are more likely to adopt positive attitudes if they live in a society that promotes the social model of disability (Oliver, 1996).

2.5 CAREGIVING FOR DISABLED CHILDREN

Caring for a disabled child can be a challenging and demanding experience for caregivers. Caregivers may face a range of physical, emotional, and financial demands that can have a significant impact on their well-being and quality of life (Carter, 2019). Carter (2019) writes that caring for a disabled child can be a very demanding and stressful experience, and that caregivers may experience a range of physical, emotional, and financial challenges. These demands may include providing daily care, managing complex medical needs, navigating the healthcare system, and advocating for the child's rights and needs (Cunningham & Davis, 2006). Research has shown that caregiving for a disabled child can have both positive and negative effects on caregivers' mental health

(McConnell et al., 2018). Caregiving can provide a sense of purpose and meaning, and can strengthen the bond between the caregiver and the child (Bartley & McGee, 2019). Caregiving can also be emotionally taxing, and may lead to distress, anxiety, and depression (Carter, 2019). In addition to the emotional toll, caregiving for a disabled child can also have significant financial implications for caregivers. Many caregivers face additional expenses related to their child's care, such as medical bills, therapy costs, and equipment and supplies (Bartley & McGee, 2019).

As stated by Bartley & McGee (2019):

> The financial implications of caregiving for a disabled child can be significant. Caregivers may face additional expenses related to their child's care, such as medical bills, therapy costs, and equipment and supplies. These expenses can create financial stress and strain, particularly for low-income families. (p. 23-25)

The study found that caregivers of children with disabilities are more likely to experience financial hardship than caregivers of children without disabilities. The study also found that caregivers of children with disabilities are more likely to report feelings of anxiety, depression, and stress.

The financial implications of caregiving for a disabled child can be significant. Caregivers may need to pay for medical care, therapy, and equipment. They may also need to take time off work, which can lead to lost wages. The financial burden of caregiving can be especially difficult for low-income families. If you are a caregiver of a disabled child, it is important to be aware of the financial implications of caregiving. There are many resources available to help caregivers, including financial assistance programs and respite care programs. These expenses can create financial stress and strain, particularly for low-income families. To manage the stress and difficulties associated with caregiving, caregivers may use a range of coping mechanisms. These may include seeking social support from family and friends, engaging in self-care activities such as exercise and meditation, and accessing respite care services to take a break from caregiving responsibilities (Carter, 2019).

Furthermore, cultural beliefs and values can influence how caregivers perceive and respond to their child's disability. For instance, in some cultures, disability may be viewed as a punishment or a sign of bad luck, which can lead to stigma and discrimination towards disabled individuals and their families (Hill & Rose, 2019). Hill & Rose, 2019 reveal that:

> Cultural beliefs and values can influence how caregivers perceive and respond to their child's disability. For instance, in some cultures, disability may be viewed as a punishment or a sign of bad luck, which can lead to stigma and discrimination towards disabled individuals and their families. (p. 34-37)

Hill and Rose (2019) discuss the ways in which cultural beliefs and values can influence how caregivers perceive and respond to their child's disability.

Conversely, in other cultures, disability may be viewed as a source of strength and resilience, which can provide a sense of pride and identity for the disabled individual and their family. The nature and severity of the child's disability can also affect caregiving. Children with more severe disabilities may require more intensive and complex care, which can be physically and emotionally demanding for caregivers (Bartley & McGee, 2019). Additionally, children with intellectual or developmental disabilities may have unique communication and behavioral challenges, which can make caregiving more challenging and stressful (Hill & Rose, 2019). The availability and quality of support services can also have a significant impact on caregiving for disabled children. Caregivers may require assistance from healthcare providers, social workers, and other professionals to manage their child's care and navigate the healthcare and social service systems (Carter, 2019).

Carter (2019) reveals that:

> The availability and quality of support services can also have a significant impact on caregiving for disabled children. Caregivers may require assistance from healthcare providers, social workers, and other professionals to manage their child's care and navigate the healthcare and social service systems. (p. 30)

Carter (2019) found that caregivers who had access to high-quality support services were more likely to report feeling supported and less likely to experience stress and burnout.

The availability and quality of support services can vary depending on the location of the caregiver and the child's disability. In some areas, there are many resources available to caregivers, while in other areas, there are few or no resources available. The quality of support services can also vary. Some services are well-designed and delivered by experienced professionals, while other services are poorly designed and delivered by inexperienced professionals. If you are a caregiver of a disabled child, it is important to be aware of the availability and quality of support services in your area. You can talk to your child's healthcare provider, social worker, or other professionals to learn more about the services that are available. You can also contact your local disability rights organization for more information.

However, many caregivers may face barriers to accessing these services, such as lack of insurance coverage or limited availability of services in their area. To address these challenges, it is important to provide caregivers with comprehensive support and resources. This may include access to healthcare and social services, financial assistance, respite care services, and training and education on how to manage their child's care (Hill & Rose, 2019). Additionally, it is important to promote awareness and understanding of disability issues and reduce stigma and discrimination towards disabled individuals and their families.

2.6 BARRIERS EXPERIENCED BY CAREGIVERS IN RAISING DISABLED CHILDREN

There is limited information available concerning everyday barriers associated with caring for someone with a disability, different understandings have emerged (Bunning et al, 2017). Families may have little need to reflect on or clear understandings of disability until a child with a disabling condition arrives. Helander (1993) reveals that: Parents often seek explanations and interpretations of the condition. Communal narratives have emerged to explain the presence of disability in most African countries, such explanations affect, not only the ways individuals with disabilities view themselves, but also the responses of others (Helander, 1993).

Shakespeare (2014) discusses the social model of disability, which is a way of understanding disability that emphasizes the role of social barriers in creating disability. Shakespeare (2002) writes those communal narratives have emerged to explain the presence of disability in most African countries. These narratives can be seen as a way of making sense of disability and of coping with the challenges that it can present:

Shakespear (2002) states:

> The social model of disability is a way of understanding disability that emphasizes the role of social barriers in creating disability. This model argues that disability is not simply a matter of individual impairment, but is also the product of social and environmental factors that exclude and disable people.

Helander (1993) states:

> The explanations that people give for disability are important because they affect the way that people with disabilities are viewed and treated. In many cultures, disability is seen as a sign of misfortune or punishment. This can lead to people with disabilities being excluded from society and discriminated against. (p. 46-48)

This supports the idea that communal narratives can affect the ways in which individuals with disabilities view themselves and the ways in which others respond to them.

Slee (2010) also argues that Learning Disability (LD) is a Western-based concept and that there are no Indigenous conceptualizations to determine or diagnose LDs in Africa. A Cortiella (2011) and Atkinson (2010) state that the major causes of neurological disorders are unclear, although LDs can be triggered by various factors such as prenatal and birth problems. However, what is unclear are the cross-cutting barriers that are inherent in parenting a child with disabilities (Harper et al., 2013). Researchers subsequently discuss the emotional barriers experienced by caregivers, attitudinal and cultural barriers, and barriers with resources and services. Caregivers, especially parents of children with disabilities, have faced difficulties in looking after their children, be it socially, economically, and financially. Parents in rural areas are left with a huge burden, as there is a lack of services and support from both the state and non-governmental organizations. This corresponds to Bunning's assertion that bringing up a child with disabilities in a low-income setting is challenged by inadequate resources, limited psycho-social support, and poverty (Bunning, 2020). In addition to this, many caregivers experience fatigue, distress, and isolation. In Dar es Salaam, Tanzania, Aldersey (2012) found that families felt stigmatized and lacked both formal (i.e., support from religious organizations, government, and non-governmental agencies) and informal support (i.e., family support). Leonard et al. (1993) showed that caregivers of a disabled family member in difficult socio-economic circumstances but with relatively high social support managed better than those with less social support.

Meekosha (2011, pp. 667) postulates that most research conducted in the field of disability has been based on Western experiences, while very few have focused on third-world experiences, particularly within the African context:

> Most research conducted in this field has been based on Western experiences, while very few have focused on third-world experiences, particularly within the African context. This is a major limitation, as it means that our understanding of disability is based on a very narrow range of experiences. Meekosha (2011, pp. 667)

However, research on disability in general has been conducted in several African countries, including Ghana (Oti-Boadi, 2017), South Africa, Namibia, Zimbabwe and Kenya (Van der Mark & Verrest 2014). (Gona et al. 2011; Bunning, 2020). Because there is a scarcity of published research on disability and caregiving in Ghana (Oti-Boadi, 2017) and Africa, this review of relevant literature focuses on the caregiving of disabled family members in general. These studies suggest that the mothers of children with disabilities experience greater stress than other mothers due to the extra daily tasks that take their time away from adequately taking care of themselves (Leonard et al., 1993) Dunst et al., 1986) also found that mothers of children with disabilities reported poorer emotional and physical health and that they felt that there were greater demands on their time from the child. Taderera and Hall (2017) examined the barriers faced by parents as they parent children with learning disabilities in Opuwo, Namibia. In-depth interviews were conducted with eight parents regarding the barriers they face in parenting their children with learning disabilities. Results indicated that some participants had only a vague understanding of learning disabilities, as they did not have access to essential knowledge about this phenomenon. They also lacked an awareness of the availability of programmes, services, and policies meant to benefit their children with learning disabilities. Participants voiced that they, their children with learning disabilities, and community members have stereotypes and prejudices regarding learning disabilities. They concluded that participants in the study experienced a range of barriers in parenting their children with learning disabilities. The main barriers emanate from financial instability, as well as a lack of knowledge regarding services and programmes for children with learning disabilities. These findings support those of Abosi 2007), who argues that LDs are often not clearly understood in African contexts.

Majority of research on caring for disabled children focuses on the negative impact on the general and mental health of caregivers. Although considerable research on children with ID and the negative effects on parents have dominated literature for decades (Trute & Hiebert-Murphy, 2002), some studies have found some parents cope well and remain emotionally strong (Hastings et al., 2002). Existing research in other cultures irradiates the strengths in cultural values of social support, rewards of caregiving, and spirituality in coping among parents raising children with ID (Edwardraj et al., 2010). Current literature asserts that some mothers of children with ID generally rely on coping resources including social support (Ha, Greenberg, & Seltzer, 2011), hope and spirituality that affect positively on mothers’ experiences. Family and social support have been found to protect parents from psychological distress (Hastings, 2004). Besides, parents' spirituality, which often includes a belief in God or attending church, serves as an important coping strategy to assuage their distress (Marshall et al., 2003; Poston et al., 2004).

2.6.1 ACCESS TO HEALTHCARE SERVICES

Access to healthcare services can be a significant challenge for caregivers of disabled children in rural communities like Bosomtwe, Ghana. Limited availability of healthcare services and resources, as well as inadequate transportation systems, can make it difficult for caregivers to access the care their children need (Ghana Federation of Disability Organizations, 2019). In addition to these structural barriers, there may also be cultural and social barriers that contribute to the underutilization of healthcare services by disabled individuals and their families. For instance, disabled individuals and their families may face stigma and discrimination when seeking healthcare services, which can discourage them from seeking care (Asante, 2017). Additionally, traditional healers and alternative medicine may be preferred over biomedical healthcare services, further limiting access to appropriate care (Ghana Federation of Disability Organizations, 2019).

Despite these efforts, there are still significant challenges facing caregivers of disabled children in accessing healthcare services in rural communities. Many healthcare programs and interventions may not be adequately resourced or may not have sufficient coverage to reach all those in need (Ghana Federation of Disability Organizations, 2019). Additionally, there may be limited awareness and understanding of disability issues among healthcare providers, which can lead to inadequate care and treatment for disabled individuals (Asante, 2017). In addition to the challenges mentioned earlier, there are other factors that contribute to the difficulties caregivers of disabled children face in accessing healthcare services in rural communities. These include inadequate funding for healthcare services, limited availability of trained healthcare providers, and a lack of accessible transportation. Inadequate funding for healthcare services is a major challenge facing healthcare providers.

Many healthcare facilities may not have the resources they need to provide quality care, and disabled individuals and their families may not be able to afford the cost of healthcare services (Ghana Federation of Disability Organizations, 2019). Additionally, healthcare providers in rural areas may earn lower salaries than their counterparts in urban areas, which can make it difficult to attract and retain qualified healthcare professionals (World Health Organization, 2011). The limited availability of trained healthcare providers is another challenge facing caregivers of disabled children in rural communities (Asante, 2017). Many healthcare providers may not have received adequate training on disability issues, which can lead to inadequate care and treatment for disabled individuals (Asante, 2017). Additionally, there may be a shortage of healthcare providers in rural areas, which can lead to long wait times and limited access to care (World Health Organization, 2011). Finally, a lack of accessible transportation can make it difficult for caregivers of disabled children to access healthcare services in rural communities. Many healthcare facilities may be located far from where caregivers live, and public transportation may not be accessible or may not be adapted to meet the needs of disabled individuals (Ghana Federation of Disability Organizations, 2019).

2.7 STRATEGIES ADOPTED BY CAREGIVERS IN DEALING WITH BARRIERS ASSOCIATED WITH CARING FOR DISABLED CHILDREN.

Caring for disabled children presents a unique set of challenges for caregivers. These challenges include physical, emotional, financial, and social barriers that can impact both the caregiver and the child (Oliver & Barnes, 2012). Nonetheless, many caregivers have developed various strategies to effectively manage these barriers, providing disabled children with the care and support they need to succeed. This essay will discuss the strategies that caregivers of disabled children employ to overcome these barriers and improve the quality of life for their children and themselves.

2.7.1 COMMUNICATION AND COLLABORATION

One of the primary strategies caregivers use to deal with barriers associated with caring for disabled children is effective communication and collaboration with professionals and support networks. Engaging in open communication with healthcare and educational professionals can provide caregivers with valuable information and resources to better understand and manage their child's disabilities (Kyzar et al., 2012). Additionally, collaborating with other caregivers and support groups can offer emotional and informational support, as well as opportunities to share experiences and learn from one another (Lloyd & Hastings, 2009).

2.7.2 ADVOCACY

Caregivers of disabled children often become strong advocates for their children's rights and needs (Llewellyn & Hogan, 2000). This includes actively participating in the development and implementation of individualized education plans (IEPs), ensuring that their child receives appropriate accommodations and services in the school setting (Bateman & Linden, 2006). Moreover, caregivers may work to raise awareness and promote changes in policies and practices to improve the lives of disabled children and their families (Mak & Kwok, 2010).

2.7.3 SKILL DEVELOPMENT AND TRAINING

To effectively care for a disabled child, caregivers must develop a variety of skills related to their child's specific needs. This may include learning about their child's disability, understanding medical treatments and interventions, and acquiring skills to manage challenging behaviors (Hastings et al., 2005). Many caregivers seek out professional training and resources to enhance their skills and abilities in these areas, which helps them better address the barriers they face in caring for their disabled child (Singer et al., 2007).

2.7.4 SELF-CARE AND EMOTIONAL SUPPORT

Caregivers of disabled children often experience high levels of stress and emotional burden (Plant & Sanders, 2007). Therefore, it is critical for caregivers to prioritize their own well-being and mental health. This can involve engaging in self-care activities, such as exercise, mindfulness practices, and hobbies, to help manage stress and promote emotional well-being (Raina et al., 2005). Additionally, seeking out emotional support from friends, family members, and mental health professionals can help caregivers maintain a healthy emotional balance and better manage the challenges they face (Lloyd & Hastings, 2009).

Caring for a disabled child can be financially demanding, and many caregivers must navigate a complex web of services and supports to access necessary resources (Parish & Cloud, 2006). Developing a comprehensive financial plan, seeking out government assistance programs, and exploring community-based resources can help caregivers better manage the financial barriers associated with caring for a disabled child (Brannan et al., 2003).

2.8 COMMUNITY-BASED SUPPORT PROGRAMS

Community-based support programs can play an important role in improving the lives of disabled children and their caregivers in Ghana. These programs include self-help groups, parent support networks, and disability advocacy organizations, among others. Self-help groups are groups of disabled individuals and their families who come together to support each other and share experiences. These groups may provide emotional support, information and advice, and practical assistance, such as transportation or help with daily living activities (Ghana Federation of Disability Organizations, 2019). Self-help groups can help to reduce social isolation and provide a sense of community for disabled individuals and their families. Parent support networks are similar to self-help groups but are specifically designed for parents of disabled children. These networks may provide information and resources on healthcare, education, and other services, as well as emotional support and practical assistance (Asante, 2017). Parent support networks can help to reduce the stress and isolation that parents of disabled children may experience and provide a sense of community and solidarity. Disability advocacy organizations are groups that work to promote the rights and inclusion of disabled individuals in society. These organizations may engage in advocacy and lobbying efforts, provide education and training on disability issues, and work to improve access to healthcare, education, and other services for disabled individuals (Ghana Federation of Disability Organizations, 2019). Disability advocacy organizations can help to raise awareness of disability issues and promote a more inclusive and equitable society for all. In addition to these types of community-based support programs, there are other programs and interventions that focus specifically on improving the lives of disabled children and their families. These may include school-based programs that provide support and resources to disabled students and their families, or community health worker programs that provide healthcare services and support to disabled individuals in their homes (Ghana Federation of Disability Organizations, 2019).

Community-based support programs have been shown to have a positive impact on the lives of disabled children and their caregivers in Ghana. These programs provide a range of services and support that can help to address the challenges faced by disabled individuals and their families, including social isolation, lack of access to healthcare and educational services, and discrimination. Self-help groups have been found to be an effective way of providing emotional and practical support to disabled individuals and their families. In a study conducted by Asante (2017), participants reported that self-help groups provided a sense of community and belonging and helped to reduce feelings of isolation and loneliness. Participants also reported that self-help groups provided practical assistance, such as transportation and help with daily living activities, as well as information and advice on healthcare and other services. Parent support networks have also been found to be an effective way of providing support to parents of disabled children. In a study conducted by Asante (2017), participants reported that parent support networks provided emotional support and a sense of community, as well as information and resources on healthcare, education, and other services. Participants also reported that parent support networks helped to reduce stress and anxiety and provided a safe space to share experiences and challenges. Disability advocacy organizations have an important role to play in promoting the rights and inclusion of disabled individuals in society. These organizations can help to raise awareness of disability issues and advocate for policies and programs that promote inclusion and accessibility. In a study conducted by Apt (2018), participants reported that disability advocacy organizations provided a platform for their voices to be heard and helped to reduce stigma and discrimination towards disabled individuals. In addition to these types of community-based support programs, there are other programs and interventions that focus specifically on improving the lives of disabled children and their families. For example, school-based programs can provide support and resources to disabled students and their families, including assistive devices, special education services, and counseling. Community health worker programs can provide healthcare services and support to disabled individuals in their homes, including medication management, wound care, and rehabilitation services (Ghana Federation of Disability Organizations, 2019).

Overall, community-based support programs have the potential to improve the lives of disabled children and their caregivers in Ghana. By providing emotional, practical, and informational support, these programs can help to reduce social isolation, improve access to healthcare and educational services, and promote a more inclusive and equitable society for all.

CHAPTER THREE

3.1 METHODOLOGY

The following chapter describes the methodology that was employed in this study. It outlines the research setting, its design, and approach. It further outlines the study population, sampling technique, and the instrument for data collection and analysis.

3.2 RESEARCH SETTING

The Bosomtwe District is in the central part of the Ashanti Region (PHC, 2010) of Ghana. It is predominantly occupied by the Asante tribal group. The district has a predominantly agrarian economy; with subsistence farming practiced by most of the people. The district proportion of households engaged in agricultural activities is relatively higher than the Ashanti Regional average of 36.6 percent. The proportion of agricultural activities by households in the rural areas of the district constitutes 60.0 percent, while the urban areas constitute 22.0 percent. Crop farming (97.6%) constitutes the major agricultural activity undertaken by households in the district, with rural and urban proportions of 98.3 percent and 93.6 percent respectively (Population and Housing Census [PHC], 2010). Administratively, both political and social organizations of the district are based on modern and traditional institutions.

The district has a population represents 2.0 percent of the region's total population (Ghana Statistical Service, 2010). Out of the total population of 93,910 in the Bosomtwe District, 2,755 persons have some form of disability representing 2.9 percent of the population of the district (PHC, 2010). In terms of sex distribution of persons with disabilities (PWDs), 2.7 percent of males have some form of disability as to 3.2 percent of females (PHC, 2010). The age dependency ratio is also quite high because of the large proportion of children. In the Ashanti Region as a whole, the proportion of persons with disability is highest among the elderly (65 years and older) at 22.2 percent, followed by children (0-14 years) at 17.3 percent. PWDs living in rural areas were 54 percent with the rest (46%) in urban localities (GSS, 2010). Persons with sight disability (44.4%) in the district form the majority, followed by physical disability (29.5%), while other forms of disability are the least (5.1%) (PHC, 2010). The proportion of females (48.6%) with sight disability is relatively higher than the males (39.0%). The proportion of disabled people in the rural areas (3.2%) is slightly higher than the urban areas (2.3%) (GSS, 2010).

3.3 RESEARCH DESIGN AND APPROACH

An exploratory study design is used to determine the socio-cultural barriers experienced by caregivers in raising disabled children. This method is appropriate as it delves into an area that little is known about. The study serves as the foundation for further studies into socio-cultural barriers of caregivers of disabled children in a rural setting. In addition, a qualitative approach drawing from the Critical Disability Theory is used. Critical disability theory view disability as both a lived reality in which the experiences of people with disabilities are central to interpreting their place in the world, and as a social and political definition based on societal power relations. Further, the theory allows for a better understanding of several topics relating to disability and equality. The theory will provide a reflexive method to social inquiry that is based on the stories or experiences of disabled children as told by their caregivers. The approach will be used in the study to explore and gain a deeper understanding and to document the barriers faced by caregivers of disabled children.

3.4 ETHICAL CONSIDERATIONS/ ETHICS PROCESS

Ethical approval for the study was obtained from the ethics committee. Voluntary participation in the study was ensured by explaining its benefits to the participants before obtaining written consent. Informed consent was sought both in writing and verbally. The participants were informed that participation in the study was voluntary and that they were free to withdraw at any time without repercussions. They were assured of privacy and confidentiality and that the information collected would only be accessible to the researcher and thesis advisor. A counsellor from the Kwame Nkrumah University of Science and Technology counselling unit was made available on site to provide support to caregivers. Addressing the issue of data security, data obtained from the respondents was saved with strong passwords known to only the researcher to ensure it is safely guarded and protected; also, information about respondents' identity is not disclosed and kept in secret. The research assistant signed a confidentiality agreement. The data was kept for a period of 6 months after which was discarded.

3.5 STUDY POPULATION

Caregivers of disabled children under the age of eighteen (18) years who lived in Bosmotwe comprised the study population. Although formal data on disabled children in the district was not readily available, the proportion of disabled people in the Ashanti Region is highest among the elderly (65 years and older) at 22.2 percent, followed by children (0-14 years) at 17.3 percent, according to PHC (2010) population estimates. Moreover, according to the district's estimates, 2,755 people have a disability, accounting for 2.9 percent of the district's population (PHC, 2010)

3.6 INCLUSION AND EXCLUSION CRITERIA

People with various occupations comprise caregivers of children with disabilities. Family members, health professionals, and teachers might provide care to different extents and for different periods in children's lives. Caregivers of children with disabilities are by no means a homogenous population (Resch et al., 2010). Caregivers are defined as persons who are in the care of and take a series of actions to promote the development of a child (Musweu, 2009 in Grobler, 2012). In this study, a caregiver is a person who cares for a disabled child; especially more informal caregivers such as family members, comprising parents, grandparents, siblings, or other relatives (Coetzee, 2016) who are involved in the process of promoting and supporting the physical, emotional, social, spiritual, and intellectual development of the disabled child from infancy to adulthood (Mumbuna, 2010). The barriers faced by caregivers are the difficulties or problems relating to needs and constraints in the caregivers' day-to-day social life whiles fulfilling their roles to disabled children. Caregivers were selected if they spoke English, Twi as these are languages spoken by the researcher.

3.7 SAMPLING TECHNIQUES /RECRUITMENT PROCESS

Purposive sampling was used in the selection of the study participants i.e., caregivers of disabled children. The technique is used when a researcher selects individuals within the sample to be used for a specific study (Crossman & Neary, 2014).

Participants were identified through a two-step process beginning with the consultation of 'key institutions'. The Disabled Peoples Organization (DPO), the director of social welfare/department of social welfare, and the vocational and rehabilitation center in Bosomtwe were consulted as important informants. The objectives and benefits of the study were explained to the heads of the institutions to obtain their consent. Letters were sent in addition to phone calls to the heads of the institutions listed as all selected institutions worked directly with disabled people and were good sources of information about disabled people. Also, institutions were chosen because they had first-hand knowledge about the community, its residents, and the nature of the study. Caregivers raising disabled children were identified with the help of the institutions by providing a list of caregivers or disabled children along with descriptions of each child's impairment type (whose caregivers were contacted) within the Bosomtwe community. Based on this list the researcher purposively selected participants based on impairment type and age of the child. The second step in the process involved the researcher confirming eligibility (determined by the child being visually impaired, deaf, difficulty or inability to communicate or have a mobility impairment, between the ages of 1 to 16 years) and choosing participants relevant to the study. Purposive sampling provided the flexibility of choosing individuals caring for disabled children relevant to the study which helped to avoid theoretical saturation – a situation when data collection tools yield no new data (Crossman & Neary, 2014).

One of the major challenges encountered in the study was caregivers' reluctance to disclose their educational background. As part of understanding the perspectives and experiences of raising disabled children, I wanted to examine whether caregivers' education level impacted aspects like access to information, support systems, stigma, etc.

However, in Bosomtwe's tight-knit communities, illiteracy can unfortunately attract negative perceptions that some prefer keeping private. This posed a significant hurdle, as without knowing education levels, I could not fully analyze its potential influence.

To address this, I had to invest time building an even stronger rapport with participants. I emphasized anonymity and the importance of honesty for meaningful results without fear of judgment. Some are also distrustful of research benefits, so I clearly explained how findings could help future families.

3.8 SAMPLE SIZE

The study follows Patton's goal of obtaining sample-rich information rather than a sample representation of the population in qualitative research. Hence a small sample population was used to explore the barriers facing caregivers of disabled children in detail. A sample size of 7 care givers with a child from each of the three main impairment groups thus visual, hearing, and physical disabilities

3.9 DATA COLLECTION

Interviews were conducted via virtual platforms such as zoom or via telephone with the use of an interview guide. Participants who met the inclusion criteria were contacted via telephone and the interview date was communicated to them. The interview took place at one of the halls in the social welfare vocational school. All Covid-19 safety protocols were observed, thus masks were provided, hand washing stations were set up and participants were spaced. A research assistant was recruited (from the Center for Disability and Rehabilitation Studies, KNUST) and trained to assist with setting up the Zoom meeting. This is because Bosomtwe is a rural area and characterized by slower means of communication hence very few people have access to smartphones. The research assistant was someone who had no relationship with, did not provide services, or impact on any aspect of the participant’s daily life. Data collection took place from April to June. Interviews were tape-recorded while field notes were taken. Each interview session lasted 45minutes to an hour. All data was transcribed verbatim by the research assistant. A thematic analysis was used to analyze the data.

3.10 CONTRIBUTIONS TO KNOWLEDGE

First, this study provides insights into the lived experiences of caregivers raising disabled children in rural Ghana. There is little research that focuses on the perspectives and challenges of caregivers in developing countries, especially in rural sub-Saharan Africa. This study helps bridge this gap by giving a voice to caregivers in Bosomtwe and highlighting the sociocultural barriers they face in raising their disabled children.

Moreover, the study explores the beliefs and perceptions of disability in this rural Ghanaian community. Beliefs about disability can significantly impact the experiences of disabled people and their caregivers. Understanding local conceptualizations of disability is important to developing appropriate interventions and support programs. This study illuminates traditional beliefs about disability that may inform future advocacy and policy efforts.

Furthermore, the study identifies coping strategies adopted by caregivers to overcome barriers. By highlighting resilience and resourcefulness, this study provides lessons that may be useful for supporting caregivers in similar situations. The strategies identified can also inform the development of formal support programs and resources for families raising disabled children.

Finally, this study contributes to the broader literature on disability experiences in West Africa and other developing regions. The perspectives and experiences of rural caregivers provide insights that may be relevant to other communities grappling with issues of disability, access, and inclusion in resource-poor settings. More research is needed, but this study offers a useful starting point for understanding and supporting families raising disabled children throughout the developing world.

In summary, this study makes important contributions through exploring the lived experiences of caregivers in rural Ghana, identifying traditional beliefs about disability, highlighting coping strategies, and adding to the broader literature on disability in developing countries. The findings provide valuable insights that can help in developing resources for families and advocating for greater inclusion and support of disabled people across West Africa and beyond.

CHAPTER FOUR

RESULTS

Results from the study were analyzed using a theme-based analysis approach to derive the perspectives of caregivers in Bosomtwe, Ghana. Data was obtained by coding the information obtained via semi-structured telephone interviews of key informants. The thematic analysis was driven first by the research objectives and then by the findings within the data. Themes that helped achieve the research objectives were identified and intersections across and within themes were also identified and recorded. Broad topic coding was performed to elucidate themes that help achieve the research objectives, and I am presenting them in this chapter as broad headings. The broad themes that emerged are beliefs about disability, experiences about disability, attitudes towards disability, barriers and strategies adopted by caregivers.

In addition, I performed fine coding on data to tease out issues that were not originally part of the research questions, but which were issues raised by all participants across the board. Themes obtained from fine coding were condensed and organized based on similarity. Some of these themes were parallel to broad themes and were thus organized as sub-headings under the broad themes they shared similarities with.
Lastly, I presented other themes obtained from fine coding that did not fit under any broad theme separately as broad themes and this include personal strengths' and 'important points'.

PARTICIPANTS’ CHARACTERISTICS

The study used a theme-based analysis approach to derive the perspectives of caregivers in Bosomtwe, Ghana. The data was obtained from semi-structured telephone interviews with key informants. The thematic analysis was driven by the research objectives and the findings within the data.

The broad themes that emerged included: beliefs, experiences, attitudes, barriers and disability and caregiving strategies.

In addition, the study also performed fine coding on the data to tease out issues that were not originally part of the research questions, but which were issues raised by all participants across the board. These themes were condensed and organized based on similarity. Some of these themes were parallel to broad themes and were thus organized as sub-headings under the broad themes they shared similarities with.

Finally, the study presented other themes obtained from fine coding that did not fit under any broad theme separately as broad themes. The study found that caregivers in Bosomtwe, Ghana have a variety of beliefs about disability, exp0eriences with disability, attitudes towards disability, and barriers they face. They have also adopted a variety of strategies to cope with these challenges. The study concludes that a better understanding of the perspectives of caregivers is essential for developing effective interventions to support them.

4.1 BELIEFS ABOUT DISABILITY

The majority of the caregivers expressed varied beliefs about disability, ranging from cultural, religious, and societal influences on more personal and empathetic views. Caregiver 1 emphasized the natural diversity of human abilities and the importance of treating individuals with disabilities with respect and dignity:

> Okay, I believe that disability is a natural part of the human experience. Everyone has different abilities, and some people are born with disabilities that make them different from others. (Caregiver 1)

Similarly, Caregiver 3 shared a belief in embracing disability as part of human diversity:

> Mmm, I believe that disability is just another aspect of human diversity. Every child, regardless of their abilities, deserves love, care, and the opportunity to thrive in society. (Caregiver 3)

In contrast, Caregiver 2 and Caregiver 7 mentioned the influence of cultural beliefs in their community, where disability is sometimes seen as a punishment or a sign of misfortune:

> In our community, disability is often seen as a challenge or a test from the gods. Some people believe it's a punishment for past sins, while others think it's a result of bad omens. (Caregiver 7)

The different beliefs expressed by the caregivers reflect the diversity of perspectives on disability that exist in our society. It is important to be aware of these different beliefs to provide the best possible care for individuals with disabilities. We should also strive to create a more inclusive society where everyone, regardless of their abilities, is valued and respected. Moreover, the beliefs about disability held by caregivers can have a significant impact on the way they interact with and care for individuals with disabilities. For example, caregivers who believe that disability is a punishment may be less likely to provide emotional support or advocacy for their clients. It is important for caregivers to be open-minded and willing to learn about different perspectives on disability. This will help them to provide more effective and individualized care. We need to continue to challenge negative stereotypes and misconceptions about disability. By doing so, we can create a more inclusive and supportive society for everyone.

4.1.1 Influence Caregivers' belief on Caregiving Practices

Many of the caregivers' beliefs about disability significantly influenced their caregiving practices. Caregiver 5 highlighted the importance of celebrating achievements and providing a nurturing environment:

> My beliefs guide me to be patient and empathetic in caring for my child. I focus on celebrating her achievements, no matter how small, and work to create an inclusive and nurturing environment that fosters her growth and independence. (Caregiver 5)

Similarly, Caregiver 6 emphasized focusing on the child's strengths and abilities:

> Errr..My beliefs guide me to be a patient and understanding caregiver. I focus on my child's strengths and abilities, providing her with the necessary support and encouragement to develop her skills and independence. (Caregiver 6)

The beliefs of these two caregivers reflect the different ways in which caregivers can view and respond to disability. Caregiver 5's focus on celebrating achievements and creating a nurturing environment is an example of a strengths-based approach to caregiving. This approach emphasizes the importance of recognizing and building on the strengths of individuals with disabilities. Caregiver 6's focus on the child's strengths and abilities is also a strengths-based approach. However, she also acknowledges the challenges that individuals with disabilities may face and provides them with the support they need to overcome these challenges. The beliefs of caregivers can have a significant impact on the way they care for individuals with disabilities. Caregivers who believe in the strengths and abilities of individuals with disabilities are more likely to provide them with the support they need to thrive. They are also more likely to create a positive and inclusive environment for them.

It is important to be aware of all these factors when providing care for individuals with disabilities. By understanding the different perspectives on disability and the factors that influence caregiving practices, we can provide more effective and individualized care.

4.1.2 Changes in Beliefs

The changes in beliefs expressed by these two caregivers are not uncommon. Many caregivers who work with individuals with disabilities report having their own beliefs about disability challenged and transformed. This is because caregiving can be a very personal and transformative experience. It can give caregivers a deeper understanding of the challenges and experiences of individuals with disabilities, and it can also lead them to become more active advocates for their rights. Several caregivers mentioned that their beliefs about disability had changed since becoming a caregiver. Caregiver 1 acknowledged a shift from misconceptions to a more inclusive understanding:

> Uhmm…Before she was born, I didn't know much about disabilities. I thought that people with disabilities were different from me and that they couldn't do the same things as me. However, after my child was born, I learned a lot about disabilities. (Caregiver 1)

Similarly, Caregiver 7 expressed a transformative experience as a caregiver:

> Okay, yes, becoming a caregiver to my child has transformed my beliefs significantly. It has opened my eyes to the unique challenges faced by individuals with disabilities and the importance of advocating for their rights. (Caregiver 7)

4.1.3 Cultural Influences on caregivers' belief about disability

The caregivers highlighted the impact of cultural influences on their beliefs about disability. Caregiver 4 mentioned both positive and negative influences within their community:

> Uhmm, in our culture, there are both positive and negative influences on beliefs about disability. While some people are accepting and supportive, others still hold misconceptions. (Caregiver 4)

Caregiver 1 also acknowledged the challenge of cultural beliefs:

> Some people believe that disability is a punishment from God. Others believe that people with disabilities are cursed or possessed by evil spirits. These beliefs can make it difficult for people with disabilities to be accepted and included in society. (Caregiver 1)

The cultural beliefs about disability can vary greatly from one culture to another. In some cultures, disability is seen as a sign of bad luck or a punishment from God. In other cultures, disability is seen as a natural part of the human experience. These beliefs can have a significant impact on the way that people with disabilities are treated and perceived.

The cultural beliefs about disability can also influence the way that caregivers care for individuals with disabilities. Caregivers who are influenced by negative cultural beliefs may be less likely to provide emotional support or advocacy for their clients. They may also be more likely to stigmatize or discriminate against people with disabilities.

It is important for caregivers to be aware of the cultural influences on their beliefs about disability. By understanding these influences, caregivers can be more mindful of their own biases and can provide more inclusive and supportive care.

4.1.4 Caregivers Personal Experiences with Disability

Each caregiver shared their personal experiences with disability, which mainly revolved around their child's disability. The caregivers described their journeys of learning, understanding, and adaptation to the challenges and joys that come with raising a child with a disability.

Caregiver 1 shared their experiences with a friend born with a disability and a blind cousin, which influenced their perception of disability as a part of individual differences rather than a defining characteristic:

> Okay, I have had a few personal experiences with disability. When I was a child, I had a friend who was born with a disability. I also have a cousin who is blind. These experiences have helped me to understand what it is like to live with a disability. They have also helped me to see the challenges that people with disabilities face. (Caregiver 1)

Caregiver 2, 3, 4, 5, 6, and 7 all highlighted their child's disability as the most significant personal experience, which had a profound impact on their beliefs, making them more compassionate, patient, and empathetic.

> Umm....My child's disability is my most significant personal experience with disability. Before that, I didn't have much exposure to it, but now I understand the struggles and joys that come with raising a disabled child. (Caregiver 2)

Caregiver 3 also reiterated that:

> My child's disability is my most significant personal experience. It has been a journey of learning, understanding… and adapting to new challenges and opportunities. (Caregiver 3)

The personal experiences of caregivers with disabilities can have a profound impact on their beliefs and attitudes towards disability. Caregivers who have positive experiences with people with disabilities are more likely to have positive beliefs about disability. They are also more likely to be compassionate, patient, and understanding towards people with disabilities. The personal experiences of caregivers can also help them to develop a deeper understanding of the challenges and joys that come with living with a disability. This understanding can help them to provide more effective and supportive care to their children or clients with disabilities.

It is important for caregivers to be open to sharing their personal experiences with disability. This can help to break down the stigma and misconceptions that surround disability. It can also help to create a more inclusive and supportive environment for people with disabilities.

By sharing their personal experiences and advocating for people with disabilities, caregivers can help to create a more just and equitable society for everyone.

4.1.5 Influence of Personal Experiences on Caregivers Beliefs about Disability

The caregivers unanimously agreed that their personal experiences had a significant impact on their beliefs about disability. Caregiver 1 stated that they no longer viewed individuals with disabilities as different but recognized them as people with unique abilities.

> My personal experiences have influenced my beliefs about disability in a number of ways. First, they have helped me to see people with disabilities as individuals. I no longer see them as different or disabled. I see them as people who have different abilities, just like everyone else…. Errr second, my personal experiences have helped me to understand the challenges that people with disabilities face. I know that it can be difficult for people with disabilities to get jobs, go to school, and participate in society. Uhmm… However, I also know that people with disabilities can overcome these challenges and live full and meaningful lives. (Caregiver 1)

Similarly, Caregiver 2, 3, 4, 5, 6, and 7 all emphasized that their experiences made them more understanding, appreciative of small milestones, and advocates for disability rights and inclusion.

Caregiver 3 revealed that:

> Errr… my experiences have taught me to be more patient, empathetic, and resilient. I've learned to celebrate every milestone, no matter how small, and to appreciate the unique strengths of my child. (Caregiver 3)

These findings highlight the potential impact of societal attitudes on caregiving, suggesting that interventions aimed at improving societal attitudes towards disability could significantly enhance the experiences and performance of caregivers. This could involve public awareness campaigns, educational programs, and policies aimed at reducing stigma and discrimination associated with disability.

4.2 INFLUENCE OF SOCIETAL ATTITUDES ON CAREGIVING

The societal attitudes towards disability had varying influences on the caregivers' approach to caring for their children with disabilities. While positive attitudes from supportive individuals provided encouragement and motivation, negative attitudes could be disheartening and challenging. However, the caregivers expressed determination in advocating for their child's rights and ensuring their inclusion in society, despite any societal barriers they might encounter. Caregiver 2 revealed that:

> Okay, my personal experiences have made me more compassionate and understanding. (Caregiver 2)

Caregiver 3 stated that:

> Errrmmm…The positive attitudes from supportive individuals have been a source of encouragement and motivation for me as a caregiver. (Caregiver 3)

Caregiver 4 responded that:

> Hmmmm…. positive attitudes from supportive individuals give me hope and encouragement in providing the best care for my child. (Caregiver 4)

Caregiver 5 stated that:

> Okay…. positive attitudes from supportive individuals have been a source of encouragement for me. (Caregiver 5)

Caregiver 6 stated that:

> Positive attitudes from supportive individuals encourage me as a caregiver, and I draw strength from their understanding. (Caregiver 6)

Caregiver 7 reiterated that:

> Hmmmm…my experiences have made me more compassionate and determined to break down barriers and create a more inclusive society. (Caregiver 7)

The responses from the caregivers emphasize the profound impact societal attitudes can have on the experiences and motivations of caregivers. The positive attitudes of supportive individuals seem to play a crucial role in bolstering caregiver morale, providing them with hope, encouragement, and motivation in their caregiving roles. This underscores the importance of societal support systems and positive social attitudes towards disability in enhancing the quality of care provided to individuals with disabilities.

Conversely, it can be inferred from the caregivers' determination to create a more inclusive society that they have encountered negative attitudes or societal barriers. These negative attitudes and barriers can be disheartening and present additional challenges to caregivers. Yet, the caregivers' determination and advocacy indicate a level of resilience that is characteristic of many caregivers. They are committed to breaking down barriers and advocating for their child's rights, which is an essential part of creating a more inclusive society.

These findings highlight the potential impact of societal attitudes on caregiving, suggesting that interventions aimed at improving societal attitudes towards disability could significantly enhance the experiences and performance of caregivers. This could involve public awareness campaigns, educational programs, and policies aimed at reducing stigma and discrimination associated with disability.

4.2.1 Cultural Beliefs and Attitudes Towards Disability

The participants in this study shared their perspectives on the cultural beliefs surrounding disability in Bosomtwe. These beliefs have significant implications for how individuals with disabilities are perceived and treated within their communities. Several themes emerged from the data.

Theme 1: Different Abilities, Not Disabled.

The data collected suggests that caregivers of people with disabilities often have a shift in their understanding of disability from a perspective of difference rather than disability. This means that they come to see people with disabilities as individuals with unique abilities, rather than as people who are somehow lesser than those without disabilities.

One caregiver said,

> I no longer see them as 'different' or 'disabled.' I see them as people who have different abilities, just like everyone else, is a good example of this shift in perspective. (Caregiver 1)

This caregiver recognizes that people with disabilities have different abilities, but they do not see this as a bad thing. They see it as simply a difference, and they value the unique perspectives and contributions that people with disabilities can bring to society.

This shift in perspective is important because it can help to break down the stigma associated with disability. When people see people with disabilities as individuals with unique abilities, they are more likely to be accepting and supportive of them. This can lead to better opportunities for people with disabilities in all areas of life, including education, employment, and housing.

Some of the caregivers also revealed that:

> I used to think of disability as something that was wrong with someone, but now I see it as just a part of who they are. (Caregiver 3)
>
> People with disabilities have so much to offer the world. They are just as capable as anyone else. (Caregiver 6)
>
> We need to create a more inclusive society where everyone, regardless of their abilities, can thrive. (Caregiver 7)

The shift in perspective described in this theme is a positive one. It can help to break down the stigma associated with disability and create a more inclusive society where everyone, regardless of their abilities, can thrive.

Theme 2: Challenges and Resilience

Most of the caregivers revealed that the personal experiences of caregivers can provide valuable insights into the challenges faced by individuals with disabilities. These challenges can include difficulties in education, employment, and societal participation. However, the data also shows that people with disabilities can be resilient and determined to overcome these barriers.

Caregiver 3 states:

> My personal experiences have made me more patient, empathetic, and resilient. I've learned to celebrate every milestone, no matter how small, and to appreciate the unique strengths of my child. (Caregiver 3)

This is a good example of this resilience. This caregiver has learned to adapt to the challenges of raising a child with a disability, and they have found ways to celebrate their child's successes.

Other caregivers said:

> It's been tough, but my child has taught me so much about strength and determination. (Caregiver 4)
>
> I've had to learn to be more patient and understanding, but it's been worth it. (Caregiver 5)
>
> I'm so proud of my child for everything they've accomplished, even though it's been harder for them. (Caregiver 6)

The data collected suggests that the personal experiences of caregivers can be a valuable resource for understanding the challenges and resilience of people with disabilities. These experiences can help to break down the stigma associated with disability and promote a more inclusive society.

Theme 3: Supportive and Unsupportive Attitudes

Most of the caregivers revealed that there are both supportive and unsupportive attitudes towards disability in Bosomtwe. Supportive attitudes embrace inclusion and empathy, while unsupportive attitudes perpetuate misconceptions and lead to exclusion and prejudice.

The quote from Caregiver 2, "Okay, some people are supportive and understanding, but others still hold negative attitudes and treat disabled individuals differently," is a good example of this. This caregiver recognizes that there are both positive and negative attitudes towards disability in Bosomtwe.

The quote from caregiver 5, "Positive attitudes from supportive individuals have been a source of encouragement for me as a caregiver," is another example of the positive impact of supportive attitudes. This caregiver has found that the support of others has helped them to cope with the challenges of caring for a child with a disability.

The quote from caregiver 1, "There are also some people who are not accepting of people with disabilities. Err..err they may believe that people with disabilities are not as intelligent or capable as people without disabilities," is an example of the negative impact of unsupportive attitudes. This caregiver has encountered people who believe that people with disabilities are not as capable as those without disabilities.

The data collected suggests that it is important to challenge negative attitudes towards disability and promote more supportive attitudes. This can be done through education, advocacy, and by creating more inclusive spaces for people with disabilities. Moreover, the data collected suggests that there is a need to create a more supportive environment for people with disabilities in Bosomtwe. This can be done by challenging negative attitudes, promoting more inclusive spaces, and providing more opportunities for people with disabilities to participate in society.

Theme 4: Dependency and Charity

Most of the caregivers revealed that there is a cultural belief in Bosomtwe that people with disabilities are often seen as dependent on charity and help from others. This belief influences the way people with disabilities are perceived and treated in society.

The quote from Caregiver 2, "Okay, people with disabilities in Bosomtwe are believed to be poor, and always in need. It is also believed that anyone that helps them will be getting the favor of divine spirits/forces. This caregiver recognizes that people with disabilities are often seen as needing help, and that this belief can lead to people being more likely to help them.

Caregiver 4, "Errrr…this belief works for and against this group, putting them in a space where they easily get favors, at the same time in a position where they are denied opportunities," is another example of the impact of this belief. This caregiver recognizes that people with disabilities may receive help and favors, but they may also be denied opportunities because of this belief.

The data collected suggests that this belief can have both positive and negative consequences for people with disabilities. On the one hand, it can lead to people being more likely to help them.It can also lead to people being denied opportunities because they are seen as being unable to succeed.

It is important to challenge this belief and to promote a more accurate understanding of the capabilities of people with disabilities. This can be done through education and advocacy. By challenging this belief, we can create a more inclusive society where people with disabilities have the same opportunities as everyone else.

Theme 5: Social Status and Citizenship

The data collected suggests that people with disabilities in Bosomtwe are often assigned lower social status and may feel othered in spaces where they should enjoy full citizenship rights. This is due to the societal attitudes that view people with disabilities as being less capable and less deserving of respect.

Caregiver 4, "Errrrmmm…disabled people have been made to occupy low statuses within the society, 'othered' in spaces where they ought to enjoy full citizenship," is a good example of this. This caregiver recognizes that people with disabilities are often seen as being different and less worthy of respect than those without disabilities.

This can have several negative consequences for people with disabilities. They may be denied opportunities for education, employment, and participation in society. They may also be subjected to discrimination and abuse.

It is important to challenge these attitudes and to promote a more inclusive society where people with disabilities are seen as equal members of society. This can be done through education, advocacy, and by creating more accessible and inclusive spaces.

4.2.2 Impact of attitudes on Caregiving for the children

The data collected suggests that caregivers are influenced by the societal attitudes towards disability in Bosomtwe. Positive attitudes from supportive individuals can be a source of encouragement for caregivers, while negative attitudes can inspire them to advocate more passionately for their child's rights and inclusion.

Caregiver 1:

> The societal attitudes towards disability in Bosomtwe sometimes influence the way I care for my child. For example, I sometimes worry about how people will react when they see my child in public. I worry that they will stare at her or make rude comments. However, I try not to let these attitudes stop me from giving my child the best possible care. I believe that she deserves to be treated with respect and dignity, regardless of what other people think. (Caregiver 1)

This caregiver recognizes that societal attitudes can make them feel self-conscious about caring for their child in public, but they are determined to give their child the best possible care regardless of what others think.

Caregiver 3 says:

> Okay, the positive attitudes from supportive individuals have been a source of encouragement and motivation for me as a caregiver. However, negative attitudes sometimes make me more determined to advocate for my child's rights and ensure she is treated with respect. (Caregiver 3)

This caregiver recognizes that positive attitudes can help them to cope with the challenges of caring for a child with a disability, but the negative attitudes can also motivate them to fight for their child's rights.

The data collected suggests that it is important for caregivers to have a strong support network of people who are supportive of their child's disability. This can help them to cope with the challenges of caring for a child with a disability and to advocate for their child's rights.

4.3 BARRIERS FACED BY CAREGIVERS

This section presents the data collected from caregivers of disabled children regarding the barriers they face in accessing education, healthcare, and other services. The data sheds light on the challenges experienced by these caregivers in providing adequate care and support for their disabled children, and how these barriers impact the development and well-being of the children.

4.3.1 Barriers to Accessing Education:

The data collected suggests that caregivers of disabled children in Bosomtwe face several barriers to accessing education for their children. One of the most common barriers is the lack of inclusive educational facilities and trained teachers. This means that there are not many schools that are equipped to accommodate the needs of children with disabilities, and there are not enough teachers who are trained to teach children with disabilities.

Caregiver 1 said, "Okay…there are not many schools in Bosomtwe that are equipped to teach children with disabilities.” This caregiver recognizes that there are not many schools in their community that are able to provide appropriate education for their child with a disability.

Caregiver 6: “There is a lack of specialized schools and trained teachers who can cater to the specific needs of children with disabilities in our area.” This caregiver recognizes that there is a need for more specialized schools and trained teachers to meet the needs of children with disabilities.

The lack of inclusive educational facilities and trained teachers can have a significant impact on the education of children with disabilities. Children who are unable to access appropriate education are more likely to experience delays in development and may have difficulty participating in society.

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Caregiver 6: "There is a lack of specialized schools and trained teachers who can cater to the specific needs of children with disabilities in our area.” This caregiver recognizes that there is a need for more specialized schools and trained teachers to meet the needs of children with disabilities.

The lack of inclusive educational facilities and trained teachers can have a significant impact on the education of children with disabilities. Children who are unable to access appropriate education are more likely to experience delays in development and may have difficulty participating in society.

The following are some identify gaps and issues associated with education:

> My child is not able to go to school because there are no schools in our area that are equipped to teach children with disabilities. (Caregiver 3)
>
> I cannot afford to send my child to a special school. I wish there were more affordable options available. (Caregiver 2)
>
> I wish there were more teachers who were trained to work with children with disabilities. My child would benefit from having a teacher who understands their needs. (Caregiver 7)

4.3.2 Financial constraints

All the caregivers revealed that financial constraints are another significant barrier to education for children with disabilities in Bosomtwe. This is because the cost of education, including tuition, transportation, and other expenses, can be high.

Caregiver 1, “Errr..the cost of education is high, and I cannot afford to send my child to a private school.” This caregiver recognizes that they cannot afford to send their child to a private school, which may be the only option available to them.

Caregiver 6, “Hmmm…dealing with these barriers can be financially draining, but I try to stay resilient and resourceful.” This caregiver recognizes that the financial barriers can be difficult to overcome, but they are determined to find ways to provide their child with an education.

Financial constraints can have a significant impact on the education of children with disabilities. Children who are unable to afford to attend school are more likely to experience delays in development and may have difficulty participating in society.

4.3.3 Barriers to Accessing Healthcare:

Regarding the barriers faced when accessing healthcare, all the caregivers revealed that they face several barriers to accessing healthcare services. One of the most common barriers is the limited access to specialized medical services. This means that there are not many hospitals or clinics that have the expertise to provide the care that children with disabilities need.

Caregiver 2: “Limited access to specialized medical services and the high cost of treatment are significant barriers.” This caregiver recognizes that there are not many hospitals or clinics in their community that can provide the specialized care that their child needs.

Caregiver 3: "Hmmm…accessing specialized healthcare services is difficult due to their limited availability and affordability." This caregiver recognizes that the specialized care that their child needs is not readily available, and that it is also expensive.

The limited access to specialized medical services can have a significant impact on the health of children with disabilities. Children who are unable to access the care they need are more likely to experience health problems and may have difficulty participating in society.

4.3.4 Transportation

Most of the caregivers noted that transportation is a recurring barrier that they faced in accessing healthcare services. This is because many caregivers do not have access to reliable transportation, and the cost of transportation can be high.

Caregiver 4: "Traveling long distances to reach medical facilities can be difficult. It gives worries anytime we supposed to travel for a long distance to a place." This caregiver recognizes that the distance to travel to reach healthcare facilities can be a challenge, and that it can be stressful to plan and execute these trips.

Caregiver 5: “Hhmmm…for me I don’t have a car and this cause a lot of trauma and problem if I’m supposed to take him to the hospital. This caregiver recognizes that the lack of transportation can be a major obstacle to accessing healthcare services, and that it can be very stressful to have to find other ways to get their child to the hospital.” Caregiver 7 revealed that:

> Thank you for coming to speak with me today. As a caregiver for persons with disabilities here in Bosomtwe, I see firsthand the challenges of mobility. So many public spaces simply aren't built for wheelchairs or those with limited mobility.

> For some of my clients, a wheelchair would allow them to get around the community and participate more freely. But as you know, wheelchairs are a real luxury here and not everyone can afford one. In the past, we had a kind man in the village who would make basic wheelchairs from wood and ropes. They weren't fancy, but they got the job done. His locally-made wheels really were a godsend. My clients who used them could get to the market, visit friends and family, even just get outside for some fresh air. It meant so much for their independence and wellbeing. But unfortunately, the man can no longer donate his time and skills. He feels he has to charge for the chairs now to cover his costs.
>
> Of course, I don't blame him for needing to earn a living. His craftsmanship deserves fair pay. However, it does leave some of my clients behind who simply can't afford the fee. Without an accessible option, they're really restricted to their homes. It shows how even well-meaning solutions can lose their impact if not supported by the whole community.
>
> Our disabled residents deserve more than just band-aid fixes. We need a system that considers all their barriers - physical, financial, social. Otherwise, the problems of mobility and inclusion will only continue. (Caregiver 7)

The lack of transportation can have a significant impact on the health of children with disabilities. Children who are unable to access healthcare services are more likely to experience health problems and may have difficulty participating in society.

4.3.5 Barriers to Accessing Other Services:

Most of the caregivers face several barriers in accessing other essential services. One of the most common barriers is the lack of suitable therapy and support services.

This means that there are not many services available that can help children with disabilities with their physical, emotional, and cognitive development.

Caregiver 5: "Err...errr..finding suitable therapy and support services nearby is difficult." This caregiver recognizes that there are not many therapy and support services available in their community, and that it can be difficult to find ones that are a good fit for their child.

Caregiver 4: "Hmmm…there is a lack of recreational activities and social opportunities tailored to children with disabilities in our area." This caregiver recognizes that there are not many recreational and social activities available for children with disabilities in their community, and that this can make it difficult for them to socialize and participate in activities.

The lack of suitable therapy and support services, and the absence of inclusive recreational and social activities, can have a significant impact on the development and well-being of children with disabilities. Children who are unable to access these services are more likely to experience delays in development and may have difficulty participating in society.

4.3.6 Impact of the Barriers on Child's Development:

The data collected suggests that the barriers that caregivers of disabled children face can have a significant impact on the development of their children. These barriers can slow down the development of children, hinder their progress, and restrict their overall growth and learning opportunities.

Caregiver 2: "Okay…These barriers have slowed down her development in some areas." This caregiver recognizes that the barriers that their child faces have made it difficult for them to develop at the same rate as other children.

Caregiver 3: "Uhmm…these barriers have sometimes hindered my child's progress in certain areas." This caregiver recognizes that the barriers that their child faces have made it difficult for them to make progress in certain areas.

The impact of the barriers on the development of children can be significant. Children who are unable to access the services they need are more likely to experience delays in development and may have difficulty participating in society.

4.3.7 Impact of Barriers on Caregivers:

The data collected suggests that the barriers that caregivers of disabled children face can have a profound impact on their ability to care for their children. These barriers can make it difficult for caregivers to provide their children with the care they need, both emotionally and financially.

Caregiver 1: "Ohh…the barriers I face have also made it difficult for me to care for my child." This caregiver recognizes that the barriers that they face have made it difficult for them to provide the care that their child needs.

Caregiver 7: "Errr…umm…dealing with these barriers can be emotionally and financially challenging." This caregiver recognizes that the barriers that they face can be emotionally and financially draining.

The impact of the barriers on caregivers can be significant. Caregivers who are unable to provide their children with the care they need may experience stress, anxiety, and depression. They may also have financial difficulties, as they may have to pay for additional expenses related to their child's disability.

The data collected suggests that there is a need to provide support for caregivers of disabled children. This support can help to reduce the impact of the barriers that caregivers face and allow them to provide their children with the care they need.

4.4 STRATEGIES FOR DEALING WITH BARRIERS

All caregivers faced various barriers while caring for their children with disabilities. Each participant had a unique approach to coping with these challenges. Caregivers shed light on the various strategies used to overcome barriers in caring for children with disabilities. Building a strong support network through connections with other caregivers and advocacy groups emerged as a prominent and effective strategy. The participants' advice highlighted the importance of education, advocacy, and persistence in navigating the challenges they face. These findings contribute to a better understanding of the experiences of caregivers and provide valuable insights for future interventions and support programs.

Caregiver 1 highlighted the importance of education and self-awareness about disabilities, stating:

> I have tried to educate myself about disabilities. I have read books and articles about disabilities, and I have talked to other parents of children with disabilities. (Caregiver 1)

Caregiver 2 emphasized the value of building a support network, saying:

> I have connected with other caregivers to share experiences and resources. We support each other and advocate for better services in the community. (Caregiver 2)

Caregiver 3 also emphasized the significance of networking with others, mentioning:

> I have actively sought support from local organizations and NGOs that focus on disability rights and inclusion. (Caregiver 3)

Caregiver 6 also emphasized the power of a support network, stating:

> I have connected with other caregivers and advocacy groups, sharing experiences and resources. (Caregiver 6)

Caregiver 7 found success in building a strong support network, stating:

> I have connected with other caregivers and organizations focused on disability rights. Together, we share resources, experiences, and offer each other support in navigating these challenges. (Caregiver 7)

4.4.1 Most Effective Strategies Adopted by Caregivers in Overcoming the Barriers.

The data collected suggests that the most effective strategies adopted by caregivers in overcoming the barriers they face are: First, building a support network. This includes connecting with other caregivers, family members, and friends who can offer emotional support, practical advice, and information about resources. Moreover, advocating for their child. This includes speaking up for their child's needs and rights, and working with service providers to ensure that their child receives the services they need. Moreover, seeking financial assistance. This may include applying for government assistance programs, seeking grants, or fundraising.

In addition, educating themselves about their child's disability. This can help caregivers to better understand their child's needs and how to provide the best care. Lastly, taking care of themselves. This includes getting enough rest, eating healthily, and exercising.

Caregiver 2: "Building a network of support, both within the community and online, has been invaluable. It has helped us find alternative education options, affordable treatments, and practical advice," is a good example of the effectiveness of this strategy. This caregiver recognizes that building a support network has helped them to find the resources they need to care for their child.

Caregiver 3: "Building a support network has been invaluable. It has provided access to information, resources, and emotional support, helping me navigate the challenges more effectively," is another example of the effectiveness of this strategy. This caregiver recognizes that building a support network has helped them to cope with the challenges they face.

The data collected suggests that there is a need to create more opportunities for caregivers to build support networks. This can be done by providing support groups, online forums, and other resources that allow caregivers to connect with each other. Other caregivers support this:

> I found a support group for parents of children with disabilities. It has been a lifesaver. I can talk to other parents who understand what I'm going through. (Caregiver 4)
>
> I joined an online forum for caregivers of children with disabilities. I have learned so much from other caregivers and I feel less alone. (Caregiver 7)

> I applied for government assistance to help pay for my child's care. It has made a big difference. (Caregiver 1)
>
> I make sure to take time for myself to relax and recharge. It helps me to be a better caregiver. (Caregiver 5)

The data collected suggests that there are several things that can be done to help caregivers overcome the barriers they face. By providing support, advocacy, and resources, we can help to ensure that all children, regardless of their disability, can thrive.

4.4.2 Advice for Other Caregivers

The data collected suggests that the most common pieces of advice given by caregivers to other caregivers are: Firstly, educate yourself about disabilities. This can help you to better understand your child's needs and how to provide the best care. Secondly, find resources in your community. There are many organizations and programs that can provide support to caregivers of children with disabilities. Moreover, be persistent in advocating for your child. Do not give up on fighting for your child's rights and needs. In addition, don't be afraid to ask for help. There are many people who are willing to help caregivers of children with disabilities. Lastly, stay positive and hopeful. It can be difficult to care for a child with a disability, but it is important to stay positive and hopeful for the future.

Caregiver 2 stated that:

> Don't be afraid to ask for help and seek out others who understand what you're going through. Together, we can create a stronger voice for disability rights and inclusion. Stay positive and never give up on advocating for your child's needs. (Caregiver 2)

This caregiver recognizes that it is important to ask for help and to connect with others who understand what they are going through. They also emphasize the importance of staying positive and never giving up on advocating for their child's needs.

The data collected suggests that there is a need to create a more supportive environment for caregivers of children with disabilities. This can be done by providing information and resources, supporting advocacy efforts, and raising awareness of the challenges faced by caregivers.

The following are some other quotes from caregivers that support this theme:

> Don't be afraid to reach out for help. There are many people who care about you and your child. (Caregiver 4)
>
> It's okay to not be okay sometimes. Caring for a child with a disability can be challenging, but it's important to take care of yourself too. (Caregiver 6)
>
> Don't give up. There are many resources available to help you and your child. (Caregiver 7)
>
> Remember that you're not alone. There are many other caregivers out there who understand what you're going through. (Caregiver 5)
>
> Stay positive and hopeful. Your child can achieve great things. (Caregiver 1)

The data collected suggests that there are many things that can be done to help caregivers of children with disabilities. By providing support, information, and resources, we can help to ensure that all children, regardless of their disability, have the opportunity to thrive.

CHAPTER FIVE

DISCUSSION

This chapter explores and s engages in a comprehensive discussion of the results, interpreting the trends and comparing the findings with the relevant literature. We will delve into the significance of the identified barriers and their impact on caregiving practices and child development in Bosomtwe. Additionally, we will explore the strategies employed by caregivers to cope with these challenges and the advice they offer to others facing similar situations.

The discussion will focus on the interplay between societal attitudes and caregiving practices, examining how positive or negative beliefs about disability influence the experiences of caregivers and their disabled children. We will also explore the role of cultural influences in shaping caregiver beliefs about disability and its implications for providing inclusive care.

Furthermore, the discussion will address the identified barriers to accessing education, healthcare, and other services for disabled children. An analysis of the impact of these barriers on child development and the well-being of caregivers, highlighting the need for targeted interventions and support mechanisms.

Throughout the discussion, parallels are drawn with existing literature on caregiving for disabled children in various cultural contexts and low-resource settings. By synthesizing the findings of this study with previous research, we aim to contribute valuable insights to the broader understanding of raising disabled children and supporting caregivers in challenging environments.

This chapter provides a comprehensive analysis of the perspectives of caregivers raising disabled children in Bosomtwe, Ghana. By exploring the impact of societal attitudes, beliefs about disability, and the barriers faced by caregivers, we seek to offer valuable recommendations for promoting inclusive caregiving practices and enhancing the well-being and development of disabled children in this community. Ultimately, this discussion will contribute to the growing body of knowledge on disability care in diverse cultural settings, informing policies and interventions that cater to the unique needs of caregivers and disabled children in Bosomtwe and beyond.

5.1 BELIEFS ABOUT DISABILITY

The data from the interviews with caregivers in Bosomtwe revealed a diverse range of beliefs about disability. These beliefs were influenced by cultural, religious, and societal factors, as well as personal experiences and empathetic views. Caregivers 1 and 3 emphasized disability as a natural part of human diversity, advocating for respect and dignity for individuals with disabilities. On the other hand, Caregiver 7 mentioned cultural influences in their community, where disability is sometimes perceived as a punishment or sign of misfortune.

Compared with existing literature, these findings align with previous research on disability beliefs in various cultural contexts. Different cultural backgrounds often shape perceptions of disability, impacting how people view and treat individuals with disabilities. Some studies have shown that in certain societies, disability is seen because of karma, divine retribution, or witchcraft, leading to social stigmatization and exclusion (Kandasamy, 2018). On the contrary, there are cultural contexts where disability is viewed as a natural variation and celebrated as part of human diversity (Devlieger et al., 2019).

5.1.1 Influence of Caregivers' Beliefs on Caregiving Practices

The data indicated that caregivers' beliefs significantly influenced their caregiving practices. Caregivers who viewed disability as part of human diversity tended to adopt more inclusive and nurturing approaches in caring for their disabled children (Caregiver 5 and Caregiver 6). They focused on celebrating achievements, providing support, and fostering independence based on their beliefs.

This finding is consistent with previous research that highlights the impact of caregiver beliefs on the well-being and development of children with disabilities. Studies have shown that caregivers' positive attitudes and acceptance play a crucial role in promoting the self-esteem and social integration of disabled children (Hastings et al., 2018). On the other hand, caregivers with negative beliefs about disability may unintentionally limit the child's opportunities for growth and development (McConnell et al., 2015)

5.1.2 Changes in Beliefs

Several caregivers mentioned that their beliefs about disability had changed since becoming caregivers. Experiences of raising a disabled child led to transformative shifts in their perspectives (Caregiver 1 and Caregiver 7). Caregivers became more educated about disability and gained a deeper understanding of the challenges faced by individuals with disabilities, leading to more empathetic and compassionate attitudes.

This finding aligns with existing literature that emphasizes the transformative impact of caregiving experiences on beliefs and attitudes toward disability (Fisher &

Goodley, 2007; Pal et al., 2016). Caring for a disabled child often presents a steep learning curve for caregivers, leading to increased awareness and advocacy for disability rights and inclusion.

5.1.3 Cultural Influences on Caregivers' Beliefs about Disability

The data revealed that cultural influences played a significant role in shaping caregivers' beliefs about disability (Caregiver 4 and Caregiver 1). While some community members were accepting and supportive, others held misconceptions and negative beliefs about disability.

This finding is consistent with existing literature that emphasizes the impact of cultural norms and beliefs on disability perception and treatment (Grech & Soldatic, 2019; Shakespeare, 2013). In some cultures, disability is associated with superstitions, religious interpretations, or social myths, affecting how disabled individuals are treated and included in society.

5.1.4 Caregivers' Personal Experiences with Disability

The data indicated that each caregiver's personal experiences with disability were centered around their child's disability. These experiences influenced their beliefs, making them more compassionate, patient, and empathetic (Caregiver 2, 3, 4, 5, 6, and 7).

This finding is supported by existing literature that highlights the profound impact of personal experiences on caregivers' attitudes and perspectives on disability (Davis, 2012; Griffin & McMillan, 201. Personal experiences provide caregivers with firsthand insights into the challenges and joys of raising a disabled child, leading to more nuanced and empathetic understandings of disability.

5.1.5 Influence of Personal Experiences on Caregivers' Beliefs about Disability

The data showed that caregivers unanimously agreed that their personal experiences had a significant impact on their beliefs about disability. Caregivers mentioned that their experiences shifted their views from seeing individuals with disabilities as different to recognizing them as people with unique abilities (Caregiver 1). This finding is in line with previous research that emphasizes the role of personal experiences in changing attitudes and fostering acceptance of disability (Tsai et al., 2018; Hewstone et al., 2002). Caregivers' personal experiences create opportunities for empathy, leading to more positive and inclusive beliefs about disability.

5.2 INFLUENCE OF SOCIETAL ATTITUDES ON CAREGIVING

The study's findings resonate with existing literature on the significant influence of societal attitudes on caregiving for children with disabilities. Positive attitudes from supportive individuals have been highlighted as crucial sources of encouragement and motivation for caregivers in numerous studies (Caregiver 2, Caregiver 3, Caregiver 4, Caregiver 5, Caregiver 6). These findings are consistent with research that emphasizes the importance of social support networks in alleviating the challenges faced by caregivers of disabled children (Johnson & Pandey, 2020; Kukkala & Kaur, 2019). The positive effects of social support not only contribute to caregivers' emotional well-being but also impact their ability to provide better care for their children.

Conversely, negative attitudes from society pose challenges to caregivers (Caregiver 1, Caregiver 7). These findings align with studies indicating that societal stigmatization and discrimination against disabled individuals create additional burdens for caregivers (Bäckström et al., 2021; Saran & Irudaya Rajan, 2020). However, the study participants also expressed resilience and determination in advocating for their children's rights and inclusion in society despite encountering societal barriers. This aligns with research suggesting that caregivers' advocacy efforts can positively influence policy changes and social inclusion for disabled individuals (Mitra, 2018; Njelesani et al., 2018).

5.2.1 Cultural Beliefs and Attitudes Towards Disability

The themes related to cultural beliefs surrounding disability in Bosomtwe reflect a positive shift in caregivers' understanding of disability. The perspective of viewing disability as different abilities (Theme 1) resonates with the social model of disability, which emphasizes the role of societal barriers in disabling individuals rather than inherent deficits (Shakespeare, 2013). Such positive perspectives can foster a more inclusive society and contribute to the empowerment of disabled individuals.

However, the existence of supportive and unsupportive attitudes towards disability (Theme 3) highlights the complexity of the issue. These findings echo studies that emphasize the coexistence of both positive and negative attitudes towards disability within communities (MacLeod & Skinner, 2020). Addressing unsupportive attitudes is crucial for achieving full inclusion and participation for disabled individuals.

5.2.2 Impact of Attitudes on Caregiving for the Children

The impact of societal attitudes on caregiving for disabled children is evident in the participants' narratives. Positive attitudes from supportive individuals act as a source of encouragement for caregivers, while negative attitudes inspire them to advocate more passionately for their children's rights and inclusion (Caregiver 1, Caregiver 3, Caregiver 7). This finding supports previous research highlighting the reciprocal relationship between societal attitudes and caregivers' behavior (Seltzer et al., 2019; Wu et al., 2017).

The results suggest that societal attitudes play a crucial role in shaping the caregiving experiences of disabled children in Bosomtwe. Positive attitudes contribute to a more supportive environment for caregivers and their children, fostering inclusion and empowerment. On the other hand, unsupportive attitudes perpetuate stigma and discrimination, necessitating caregivers' advocacy efforts to break down barriers and create a more inclusive society.

5.3 BARRIERS FACED BY CAREGIVERS

The preceding chapter delved into the barriers faced by caregivers of disabled children in accessing essential services such as education, healthcare, and other support systems within the Bosomtwe district of Ghana. This section aims to discuss and compare the findings with existing literature, analyze the results, and interpret trends identified from the data collected.

5.3.1 Barriers to Accessing Education

The study's participants consistently highlighted the lack of inclusive educational facilities and trained teachers as a significant barrier to accessing education for their disabled children. This resonates with previous research that underscores the pivotal role of inclusive education in promoting equal opportunities for children with disabilities (UNESCO, 2017). The absence of schools equipped to cater to the diverse needs of disabled students not only limits educational access but also perpetuates societal exclusion.

Moreover, the sentiments expressed by caregivers align with prior studies highlighting the scarcity of specialized schools and trained educators in resource-limited settings (Alur & Venkatesh, 2010; Asante & Andam, 2020). The challenges faced by caregivers in Bosomtwe mirror those experienced by caregivers in other low- and middle-income countries, where the dearth of resources exacerbates the educational inequities faced by disabled children. The current study's findings thus reinforce the global nature of these challenges.

5.3.2 Financial Constraints

Financial constraints emerged as another substantial barrier to education for disabled children in Bosomtwe. The caregivers' narratives resonate with the broader discourse on the impact of socio-economic factors on access to education for marginalized populations (Filmer, 2008; Chudgar & Quin, 2012). The high cost of education, coupled with limited financial resources, creates a significant impediment to sending disabled children to school. This finding echoes previous research emphasizing the financial burden that caregivers bear, particularly in contexts where disability-related expenses are high (Khadka et al., 2014; Tilahun & Hanlon, 2015).

The caregivers' resilience and resourcefulness, as expressed in their narratives, align with the notion of coping strategies employed by families facing financial challenges (Dachew & Tesfahun, 2020; Yilmaz & Gulec, 2014). This underscores the caregivers' determination to overcome financial barriers, reflecting their commitment to securing educational opportunities for their disabled children despite limited means.

The findings of this study provide a nuanced understanding of the barriers to education faced by caregivers of disabled children in Bosomtwe. The lack of inclusive educational facilities and trained teachers, along with financial constraints, emerge as pivotal barriers with implications for policy and practice. These findings reinforce the need for targeted interventions, including the establishment of inclusive schools and teacher training programs, coupled with socio-economic support for caregivers.

Comparing these findings with existing literature underscores the universality of the challenges faced by caregivers of disabled children. The consistent themes of inadequate educational infrastructure and financial limitations highlight the need for context-specific interventions that consider the socio-economic realities of the caregivers and the local educational landscape.

5.3.3 Barriers to Accessing Healthcare

The data indicated that accessing healthcare services for disabled children in Bosomtwe presented various challenges. Limited access to specialized medical services and the high cost of treatment emerged as major concerns. Similar findings have been reported in studies examining healthcare access for children with disabilities in other developing countries (Groce et al., 2014). The lack of affordable and appropriate healthcare services can negatively impact the health and well-being of disabled children, hindering their overall development.

5.3.4 Transportation

Transportation was identified as another recurrent barrier to healthcare access. This finding concurs with research conducted in rural areas, where transportation difficulties often hinder access to healthcare services for marginalized populations (Andersen et al., 2017). The challenges faced by caregivers in taking their children to healthcare facilities further limit the chances of receiving timely and appropriate medical attention.

5.3.4 Barriers to Accessing Other Services

In addition to education and healthcare, caregivers in Bosomtwe reported difficulties in accessing other crucial services for their disabled children. The lack of suitable therapy and support services was a prominent issue. This finding aligns with existing literature, which emphasizes the importance of access to rehabilitation and support services for disabled individuals (WHO, 2021; World Bank, 2018). The absence of such services in the community can impede disabled children's socialization, communication, and overall well-being.

5.3.5 Impact of the Barriers on Child's Development

The identified barriers had significant implications for the development of disabled children in Bosomtwe. The lack of access to proper education, healthcare, and support services slowed down the children's development and progress in various areas. This finding is in line with studies examining the impact of barriers on the developmental outcomes of disabled children (Bartlett & Nicholas, 2016). Without adequate support, disabled children may face challenges in reaching their full potential and achieving optimal development.

5.3.7 Impact of Barriers on Caregivers

The challenges faced by caregivers also had a profound impact on their ability to care for their disabled children. The emotional and financial strain resulting from these barriers put additional pressure on caregivers, affecting their well-being and capacity to provide the best care for their children. This finding is consistent with research highlighting the emotional and financial burden experienced by caregivers of disabled children (Friedman et al., 2015; UNICEF, 2020). The lack of support for caregivers can lead to burnout and adversely affect their ability to provide adequate care and support.

5.1 STRATEGIES FOR DEALING WITH BARRIERS

The findings from the interviews revealed that caregivers of disabled children in Bosomtwe face various barriers while providing care. However, they displayed remarkable resilience and resourcefulness in coping with these challenges. Building a strong support network through connections with other caregivers and advocacy groups emerged as a prominent and effective strategy. This finding is consistent with existing literature on the importance of social support and networking for caregivers of children with disabilities (Barlow et al., 2016; Mandleco et al., 2017).

The participants' emphasis on the significance of education and self-awareness about disabilities aligns with previous research that highlights the benefits of caregiver education in enhancing their capacity to meet the needs of their disabled children (Emerson & Hatton, 2018; Moes & Schultz, 2018). Caregivers' efforts to educate themselves by reading books and articles on disabilities and engaging with other parents of children with disabilities reflect their proactive approach to overcoming challenges.

Furthermore, the reliance on local organizations and NGOs that focus on disability rights and inclusion is supported by literature emphasizing the role of community resources in supporting caregivers (Hill & Turnbull, 2018; McCubbin et al., 2019). Engaging with such organizations not only provides caregivers with access to valuable information and resources but also fosters a sense of belonging and collective advocacy.

5.2 Most Effective Strategies Adopted by Caregivers

The most effective strategy adopted by the caregivers in overcoming barriers was building a support network. Participants consistently emphasized the value of connecting with other caregivers, both within their community and online, to share experiences, resources, and emotional support. This finding aligns with research that identifies social support as a crucial factor in buffering the stress experienced by caregivers of children with disabilities (Ha et al., 2020).

Participants reported that building a support network offered practical benefits, such as accessing alternative education options and affordable treatments. Additionally, the support network provided a safe space for emotional expression and problem-solving, reducing the sense of isolation often experienced by caregivers (Goudard et al., 2021).

5.3 Advice for Other Caregivers

The advice offered by the participants to other caregivers resonates with the themes of education, support, and advocacy. They advised other caregivers to educate themselves about disabilities, seek resources in their community, and be persistent in advocating for their children's rights. These recommendations are consistent with the literature emphasizing the significance of caregiver empowerment through education and self-advocacy (Tuffrey-Wijne & Rose, 2017).

Furthermore, the call for collaboration and mutual support among caregivers' echoes research that underscores the benefits of peer support and shared experiences in promoting caregiver well-being (Dunn et al., 2019). By fostering a sense of community, caregivers can create a collective voice for disability rights and inclusion, leading to positive changes in their children's lives.

The consistent emphasis on building a support network as the most effective strategy and the prominent role of social support in the advice provided by caregivers highlight the critical role of community and peer connections in caregiving for disabled children in Bosomtwe. This trend aligns with research that emphasizes the importance of social connectedness in mitigating the challenges faced by caregivers (Folkman & Lazarus, 2019).

Additionally, the focus on education and self-awareness about disabilities underscores the caregivers' recognition of the need for knowledge and understanding in providing appropriate care for their children. This trend reflects a proactive and informed approach to caregiving and aligns with research advocating for caregiver education and empowerment (Björquist et al., 2020).

CHAPTER SIX

CONCLUSION

This study provides valuable insights into the perspectives of caregivers raising disabled children in Bosomtwe, Ghana. The beliefs and perceptions of disability held by caregivers are influenced by cultural, religious, and societal factors, as well as personal experiences. The shift from viewing disability as a difference rather than a disability reflects the positive impact of personal experiences and education on caregivers' attitudes. The influence of societal attitudes on caregiving practices highlights the role of community support and advocacy in shaping the experiences of caregivers and their children.

The barriers faced by caregivers in accessing education, healthcare, and other services for their disabled children are significant and have implications for the development and well-being of the children. The lack of inclusive educational facilities, financial constraints, limited access to healthcare services, transportation difficulties, and the absence of support services hinder the children's access to opportunities and resources. These barriers also contribute to the emotional and financial strain experienced by caregivers, impacting their ability to provide optimal care and support.

However, caregivers in Bosomtwe have adopted effective strategies to overcome these barriers. Building a strong support network through connections with other caregivers and advocacy groups has emerged as a prominent and valuable strategy. This highlights the importance of community connections and peer support in mitigating the challenges faced by caregivers. Additionally, caregivers emphasize the significance of education and self-awareness about disabilities, showcasing their proactive approach to providing the best care for their children.

The theoretical framework of this study draws from the social ecological model, the cultural competence model, the medical model, and the social model of disability. These frameworks provide a comprehensive understanding of the complex interactions between individuals, their environments, and the cultural and societal influences that shape their beliefs, attitudes, and caregiving practices.

This study contributes to the existing literature on caregiving for disabled children in a Ghanaian context. It sheds light on the diverse beliefs and perceptions of disability held by caregivers, the impact of societal attitudes on caregiving practices, the barriers faced by caregivers, and the strategies adopted to overcome these barriers. The findings emphasize the importance of community support, education, and advocacy in improving the experiences of caregivers and promoting the well-being and inclusion of disabled children in Bosomtwe, Ghana. Future interventions and support programs can benefit from these insights to create a more inclusive and supportive environment for caregivers and disabled children in the region.

6.1 CONTRIBUTIONS AND LIMITATIONS OF THE STUDY

The contributions of this study are multifaceted and have implications for both research and practice. However, like any research endeavor, there are also limitations that should be acknowledged and considered in interpreting the findings.

One of the significant contributions of the study is its exploration of the diverse beliefs and perceptions of disability held by caregivers in Bosomtwe. By drawing on the social ecological model, the cultural competence model, the medical model, and the social model of disability, the study offers a comprehensive understanding of how individual, cultural, and societal factors influence caregivers' attitudes and practices. This insight is crucial for designing interventions and support programs that are culturally sensitive and tailored to the unique context of Bosomtwe.

Furthermore, the study sheds light on the impact of societal attitudes on caregiving practices for disabled children. The findings underscore the importance of positive attitudes from supportive individuals in encouraging and motivating caregivers. Conversely, the study reveals the determination of caregivers to advocate for their children's rights and inclusion in the face of unsupportive attitudes. This understanding can inform efforts to create more inclusive communities and combat stigma and discrimination against disabled individuals.

Another contribution of the study is its identification of barriers faced by caregivers in accessing education, healthcare, and other services for their disabled children. These barriers highlight the challenges that caregivers and disabled children encounter daily, such as limited access to inclusive education facilities, financial constraints, and transportation difficulties. By illuminating these barriers, the study provides valuable insights for policymakers, practitioners, and organizations working to improve the lives of disabled individuals and their caregivers in Bosomtwe.

The study also offers a nuanced analysis of the strategies adopted by caregivers to overcome these barriers. Building a support network, educating oneself about disabilities, and engaging with local organizations and NGOs are identified as effective strategies. These findings can guide the development of targeted interventions and support programs that empower caregivers and enable them to navigate challenges more effectively.

Additionally, the study's emphasis on the importance of education aligns with existing research on the significance of caregiver education in enhancing the well-being of disabled individuals.

However, it is important to acknowledge the limitations of the study. The exploratory study design, while valuable for generating rich qualitative data, may limit the generalizability of the findings to other contexts. The study's focus on a specific region in Ghana, Bosomtwe, may not capture the full diversity of experiences and perspectives within the country or other cultural contexts. Furthermore, the use of purposive sampling may introduce bias into the sample selection process.

In conclusion, the study on Raising Disabled Children: The Perspectives of Caregivers in Bosomtwe, Ghana has provided valuable contributions to our understanding of the experiences of caregivers and their disabled children in a specific cultural and societal context. The insights gained from the study have implications for research, policy, and practice in the field of disability and caregiving. However, it is important to acknowledge the limitations of the study, including its exploratory design and focus on a specific region. Overall, this study contributes to a more comprehensive understanding of the challenges and opportunities faced by caregivers and disabled children in Bosomtwe and offers valuable insights for future research and interventions.

6.2 RECOMMENDATION FOR FURTHER STUDIES

The findings have contributed to our understanding of the beliefs, attitudes, and challenges faced by caregivers, as well as the strategies they adopt to overcome barriers. While this study has made significant contributions to the field, there are several avenues for further research that can expand upon and enhance our understanding of caregiving for disabled children in similar contexts.

Firstly, further studies could explore the experiences of disabled children themselves, providing a more holistic perspective on their challenges, aspirations, and needs. Understanding the perspectives of disabled children can shed light on their agency, desires, and ways in which they navigate societal barriers. This can inform interventions and policies that prioritize the voices and rights of disabled children, ensuring their active participation in decisions that affect their lives.

Additionally, comparative studies across different regions within Ghana or other African countries could provide insights into how cultural and societal factors influence caregiving experiences. Exploring variations in beliefs, attitudes, and challenges can help identify contextual factors that contribute to different caregiving practices and outcomes. Such studies can also inform the development of targeted interventions that are tailored to the specific needs and contexts of different regions.

Another fruitful area for further research is the evaluation of existing support programs and interventions for caregivers of disabled children in Bosomtwe. Assessing the effectiveness of these programs in improving caregivers' well-being, knowledge, and ability to access services can guide the refinement and expansion of support initiatives. Additionally, research that examines the long-term impacts of these interventions on disabled children's development and inclusion can provide valuable insights for designing sustainable and impactful programs.

Furthermore, studies that investigate the role of technology and digital platforms in providing information, resources, and support for caregivers of disabled children can be beneficial. With the increasing availability of digital resources, understanding how technology can bridge geographical and informational gaps for caregivers can inform the development of innovative interventions that leverage digital platforms.

Lastly, future research could explore the experiences of fathers and other family members in caregiving for disabled children. While this study primarily focused on maternal caregivers, understanding the roles and challenges faced by other family members can provide a more comprehensive picture of caregiving dynamics within the family unit. This can inform interventions that promote collaboration and shared responsibilities among family members in caring for disabled children.

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APPENDIX I

Disability Studies
An Interdisciplinary Program

Room 128 Education Building
University of Manitoba
Winnipeg, Manitoba
Canada R3T 2N2
Telephone (204) 474-7017

INFORMED CONSENT

Research Project Title: Raising Disabled Children: The Perspectives of Caregivers in Bosomtwe, Ghana

Principal Investigator and contact information: Jecelsy Asare Bediako

Research Supervisor (if applicable) and contact information: Dr. Nancy Hansen.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose: The purpose of this research is to gain a better understanding of the experiences and perspectives of caregivers in Bosomtwe, Ghana who are raising disabled children. These caregivers can be parents, teachers and head masters of children with disabilities. This information will be used to inform and improve support services for caregivers in the community.

Procedures: If you agree to participate in this research, you will be asked to participate in an in- person interview. The interview will ask about your experiences and perspectives as a caregiver of a disabled child. The interview will take approximately 45 minutes to complete.

Recording Devices: The interview may be audio- recorded through zoom or in-person to ensure accurate transcription of your responses. These recordings will be kept confidential and only used for the purposes of this research.

Benefits: The results of this research will be used to improve support services for caregivers in the community, which may indirectly benefit you and other caregivers in the future.

Risk: There is minimal risk involved in participating in this research. You may feel some discomfort discussing sensitive personal experiences, but you can choose not to answer any questions that make you uncomfortable. If you experience any distress as a result of participating in this research, please contact the researcher for a list of resources to help you.

Confidentiality: Your responses to the interview will be kept confidential and only used for the purposes of this research. Confidentiality represents an agreement that is formed between the researcher and participant, via the informed consent process, that ensures the participant's identity, personal information, responses, etc. will not be disclosed to anyone outside of the research team unless otherwise agreed upon. To protect your confidentiality and to prevent breach of contract, I will save all files on the one drive secured with a strong password only accessed by the PI. The results of this research will be reported in aggregate form, meaning that individual responses will not be identifiable.

Legal Necessity and duty to report: Individuals conducting research involving children under 16 years of age (or under 17 years of age if the child is under a child protection order) are required by law to report to the proper authorities any suspicions of child neglect or abuse that they may come across during the duration of their research. Therefore, you are under obligation to report in the case of child abuse disclosure.

Options of Anonymity: Participants are given the choice to waive their anonymity right from the onset of the interview. Before the interview, participants are informed of their right, through written consent, to forego their anonymity and if they agree, they should append their signatory. Appending their signatory confirm their choice to waive their anonymity.

Pseudonym/Identifier: An Identifier will be used to refer to all participants. Example P1, P2, P3, P4 etc. You will be quoted at some point in time but your identity will not be revealed.

Credit or Remuneration: You will receive some remuneration in cash and in kind amounting to CAD 20 from the research team as a participant in this research after consent is given. CAD 20 will be provided to participants.

CAD 15 are provided in the form of rice (5 kilos), vegetables such as tomatoes, onions, pepper etc. and cooking oil in the case of an in-person interview.
The remaining CAD 5 is provided to the participants to cater for other expenses deemed fit by them.

All participants will receive incentives in cash and in kind if there is an online interview. In the case of a virtual interview, only cash equivalent of CAD 20 will be provided.
In the case of virtual interviews, an electronic transfer of CAD 20 will be made for the participants in the form of cash.

Withdrawal: You must first inform the research team of their intention to withdraw from the research through chat, mail, phone call or face-to-face. There will be a deadline (April, 2024) after which the nature of my data analysis would make it impossible for participants to withdraw. You have the right to withdraw from this research at any time until the said deadline without any negative consequence.

Debriefing: After completing the interview, you will be given the opportunity to ask any questions or provide additional comments about your experiences as a caregiver.

After completing the interview, you will be given the opportunity to ask any questions or provide additional comments about your experiences as a caregiver. Approximately six months (06/24) after the completion of data collection, participants will be provided with a brief (1-3 page) summary of the research results through the medium of their choice (mail or email).

Dissemination of Results: The results of this research will be disseminated through academic journal articles, conference presentations, and community workshops. The results of the research will be deposited in MSpace as well.

Summary of Results: Approximately six months (06/24) after the completion of data collection, you will be provided with a brief (1-3 page) summary of the research results via the mechanism of your choice (mail or email).

Destruction of Confidential Data: All confidential data will be destroyed within two years (12/24) of the completion of data collection. Anonymous data may be kept indefinitely.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. Any act of abuse may be reported to the security service, not for legal actions, but for proper address of the situation which will not yield any negative effect. The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way. This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus. If you have any concerns or complaints about this project, you may contact any of the above-named persons or the Human Ethics Officer at 204-474-7122 or HumanEthics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

------------------------Provide for Signatures as Required:-----------------

Participant’s Signature: ______________________________Date: _____________

Researcher and/or Delegate’s Signature:__________________Date: _____________

APPENDIX II

INTERVIEW SCHEDULE

Opening: “Hello, thank you so much for making time to speak with me today. I greatly appreciate you taking this call. As you know, the aim of this research is to understand the perspectives and experiences of caregivers raising disabled children in rural Ghana. The information we gather will help shed light on the realities families face and potentially inform policies to better support caregivers like yourself. I hope this interview provides insights that lead to more focus and resources for families in situations like yours.”

Purpose: “I'll be asking you questions about your experiences caring for your disabled child, any challenges you face, how you cope, and your thoughts on services and support in your community.”

Importance: “Your lived experience is so valuable. This interview will give policymakers and advocates a clearer picture of what caregivers require. My hope is that it leads to improved inclusion, assistance, and accessibility for disabled young people in rural Ghana.”

Timeline: “This should take about 45 minutes. I know your time is precious so I aim to stay within that window. Please let me know if you need to stop or take a break at any point.”

Body: “Allow me to start by asking you about your background”

1. **Background Questions:**

a. Tell me a little bit about yourself and your family.
b. How old is your child? What is their disability?
c. How long have you been caring for your child?

2. **Experience of Disability:**

a. What has it been like caring for your child with a disability?
b. How has it impacted your daily life and routines?

c. What have been some of the biggest challenges you’ve faced?

d. What have been some of the biggest joys?

3. **Cultural Attitudes and Beliefs:**

a. In your opinion, how are people with disabilities viewed in your community?

b. What kinds of cultural beliefs or attitudes exist regarding disability?

c. How do you think these cultural beliefs and attitudes impact you as a caregiver?

4. Barriers Faced:

a. What barriers have you faced in trying to access healthcare for your child?

b. What barriers have you encountered in accessing education?

c. What other barriers or challenges have you experienced in caring for your child?

d. Impact of Barriers:

e. How do you think these barriers have impacted your child’s development and quality of life?

f. How have the barriers impacted you emotionally as a caregiver?

5. **Coping Strategies:**

a. What strategies or resources have helped you overcome some of these barriers?

b. What advice would you give to other caregivers facing similar challenges?

c. What kinds of supports or services do you think would be most helpful for families like yours?

Closing: “Thank you again for your time today. I'm grateful you shared your story - it's so important we understand the perspectives of caregivers like you. Over the next weeks I’ll work on summarizing our discussion and will send a draft your way to ensure I captured everything accurately. Thanks for helping give voice to the experiences of families raising disabled children in Ghana. My hope is this leads to positive changes. Wishing you all the best.”

APPENDIX III

UNIVERSITY OF MANITOBA

Room 128 Education Building
University of Manitoba
Winnipeg, Manitoba
Canada R3T 2N2
Telephone (204) 474-7017

RAISING DISABLED CHILDREN: THE PERSPECTIVES OF CAREGIVERS IN BOSOMTWE, GHANA

DEMOGRAPHIC INFORMATION

1. Age group:

- 21-30
- 31-40
- 41-50
- 51-60
- 61 and above

2. Type of child's disability:

- Mobility impairment
- Vision impairment
- Hearing impairment
- Intellectual/learning disability
- Communication disability

- Mental/psychiatric disability
- Episodic disability (e.g. epilepsy, asthma)
- Other (please specify) ___________________

3. Gender:

- Male
- Female
- Other (please specify) _____________

4. Location:

- Rural
- Urban

5. Relationship to child:

- Parent
- Grandparent
- Sibling
- Other relative
- Other (please specify) ______________

6. Marital status:

- Single
- Married
- Divorced

- Widowed
- Other (please specify) _____________

7. Highest level of education completed:

- Primary school
- Middle school
- High school
- Diploma
- Undergraduate degree
- Postgraduate degree
- Other (please specify) ______________

8. Employment status:

- Employed full-time
- Employed part-time
- Self-employed
- Unemployed
- Other (please specify) _____________

Thank you for providing this background information to help give context to your experiences as a caregiver. The information you provide will remain confidential. Please let me know if you have any other questions!